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ABSTRACT

This final report describes activities and accomplishments of the Georgia Deaf-Blind Project, a 3-year federally supported project encompassing 159 counties and providing technical assistance to 237 infants, children, and youth with deaf-blindness along with their families and their service providers. Project accomplishments included: (1) more accurate identification of children with deaf-blindness; (2) in-home technical assistance by Parent Advisors, averaging 3 to 4 times a month for each family with a young deaf-blind child; (3) in-home technical assistance by Therapy Advisors, averaging twice a month; (4) on-site consultation to schools and family homes; (5) multiple training activities (including weekend retreats, summer institutes, family weekends, advisor training sessions, and university methods courses); (6) smoother transition for students with deaf-blindness; (7) assistance in integration efforts; (8) creation of a network of services throughout the state; and (9) dissemination of information and materials. Evaluation data showed increased knowledge by trainees, implementation of recommendations, participant satisfaction with technical assistance and training activities, and positive child changes. Sections of the report describe the project's purpose, goals, and objectives; conceptual framework; accomplishments and outcomes; problems and resolutions; evaluation findings; and impact. Most of the document consists of supporting data, such as a list of agencies with which the project coordinated activities, training data for parent and therapy advisors, parent evaluation data, a technical assistance report, workshop descriptions, a college course syllabus, demonstration site data, project letters and flyers, a loaner library list, and a consultant's project evaluation report. (DB)

GEORGIA DEAF-BLIND PROJECT

FINAL REPORT

1992-1995

#H025A20052

CFDA No. 84

STATE AND MULTI-STATE PROJECTS
FOR CHILDREN WITH DEAF-BLINDNESS

SUBMITTED BY

THE GEORGIA DEPARTMENT OF EDUCATION

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ABSTRACT

The Georgia Deaf-Blind Project is a statewide program encompassing 159 counties and addressing the educational needs of 237 children and youth with deaf-blindness. The implementation of this project provided statewide technical assistance to infants, children, and youth with deaf-blindness, their families, and their service providers.

From 1992- 1995, the Georgia Deaf-Blind Project: 1) identified and located children and youth with deaf-blindness; 2) provided technical assistance to families and service providers of nonmandated (Part H) children with deaf-blindness, birth to three; 3) provided technical assistance to local school systems (LSSs), families, and service providers of mandated (Part B) children with deaf-blindness, three to five years of age; 4) provided technical assistance to LSSs, families and service providers of mandated (Part B) children with deaf-blindness, 3 to 21 years of age; 5) provided transition assistance services for children and youth with deaf-blindness, families, LSSs and service providers; 6) assisted families, LSSs and service providers with the integration of children and youth with deaf-blindness; 7) provided a network of supportive services to families/caregivers of children and youth with deaf-blindness; 8) cooperated and collaborated with the lead agencies (Georgia Department of Human Resources and Division of Exceptional Students of the Georgia Department of Education) and other appropriate agencies in the delivery of services to children and youth with deaf-blindness and their families; 9) disseminated information about available resources pertinent for children and youth with deaf-blindness to families and service providers; and 10) maintained a multidisciplinary advisory committee for input into planning, development, and implementation of services.

As a result of the Georgia Deaf-Blind Project there was: 1) an accurate identification of children with deaf-blindness and provision of technical assistance; 2) in-home technical assistance by Parent Advisors averaging three to four times a month to each family with a young child with deaf-blindness; 3) in-home technical assistance by Therapy Advisors averaging twice a month to each family with a young child with deaf-blindness; 4) on-site consultation to schools and family homes; 5) multiple training activities (including weekend retreats, summer institutes, family weekends, advisor training sessions, and university methods course in deaf-blind); 5) smother transition for students with deaf-blindness; 6) assistance in integration efforts; 7) creation of a network of services throughout the state; and 8) dissemination of information and materials, and resources to parents, agencies, and school personnel.

Data show a strong levels of knowledge learned, implementation of recommendations, satisfaction with technical assistance and training activities, and positive child change data.

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PURPOSE, GOALS, AND OBJECTIVES OF THE PROJECT

The Georgia Deaf-Blind Project has four major purposes and 11 goals and objectives.

PURPOSES

1. To provide technical assistance and training to service providers working with children and youth with deaf-blindness.
2. To assist local school systems and communities to build local capacity for serving children and youth with deaf-blindness.
3. To effectively address communication needs of children and youth with deaf-blindness, their families, and other service providers within the community (through the pilot project, using community based instruction).
4. To enhance the quality of life of all Georgia's children and youth with deaf-blindness.

GOALS and OBJECTIVES

Objective 1: Identify and locate children who are deaf-blind:

- 1.1 Contact appropriate agencies/individuals defining deaf-blindness and explaining the project.
- 1.2 Identify children in underrepresented counties/regions.
- 1.3 Assist families and service providers in the procurement of vision and hearing evaluations.
- 1.4 Provide technical assistance for functional visual and auditory assessments.
- 1.5 Maintain and update the Georgia Deaf-Blind Census.
- 1.6 Coordinate identification to prevent duplication.

Objective 2: Provide direct services to deaf-blind children, birth to three, and their families.*

(As discussed with our federal officer, the Georgia Deaf-Blind Project actually provides technical assistance, not direct service. The activities of the objective were combined with Objective 3 as technical assistance).

- 2.1 Assess needs of families.
- 2.2 Provide home intervention.
- 2.3 Maintain and expand loaner bank of resources/equipment.
- 2.4 Assist families in accessing other resources and support services.

Objective 3: Provide technical assistance to families and service providers of deaf-blind children, birth to three.

- 3.1 Provide T.A. to families and project personnel through project therapy consultants.
- 3.2 Provide T.A. to community service providers.
- 3.3 Build statewide local capacity for T.A. to families and professionals.

Objective 4: Provide T.A. to LSSs, families and service providers of deaf-blind children three to five.

- 4.1 Build statewide local capacity for T.A.
- 4.2 Cooperate with LSSs and families to expand T.A. through the project.

Objective 5: Provide technical assistance to LSSs, families and service providers of deaf-blind children 3 to 21.

- 5.1 Build statewide local capacity for T.A. through the Mentor Program.
- 5.2 Establish demonstration sites throughout the state to exemplify effective practices.
- 5.3 Collaborate with LSSs and families to expand T.A.

Objective 6: Provide transition services to families, LSSs and service providers.

- 6.1 Assist children and families in transitioning between and within Part H and Part B programs.
- 6.2 Notify appropriate agencies of transition assistance provided by the project.

- 6.3 Coordinate with various agencies, LSSs and families to develop transition goals and community linkages.
- 6.4 Assist in accessing appropriate resources to facilitate transition.
- 6.5 Coordinate efforts with the Georgia State University Deaf-Blind Transition Project.

Objective 7: Assist with the integration of deaf-blind children into the community.

- 7.1 Assist families, LSSs and service providers in locating integrated community services.
- 7.2 Provide T.A. to LSSs and other service providers in order to expand placement options and develop local capacity.

Objective 8: Provide a network of supportive services to families/caregivers of deaf-blind children

- 8.1 Provide support through training, technical assistance and service.
- 8.2 Collaborate with other agencies in providing training, networking and locating resources.
- 8.3 Empower parents in decision-making.

Objective 9: Cooperate and collaborate with the lead agencies (DHR and DOE) and other agencies in the delivery of services to deaf-blind children and families.

- 9.1 Establish and maintain ongoing communication with other agencies
- 9.2 Make cross-referrals and investigate the participation of other agencies
- 9.3 Provide T.A. to agencies
- 9.4 Participate with agencies in all phases of services

Objective 10: Disseminate information about available resources pertinent for deaf-blind children to families and service providers.

- 10.1 Promote public awareness through a variety of means.
- 10.2 Maintain a lending library of information and equipment for parents and professionals.
- 10.3 Collaborate with other agencies for dissemination.

Objective 11: Maintain a multidisciplinary advisory committee.

CONCEPTUAL FRAMEWORK

The Georgia Deaf-Blind Project addressed the educational needs of children with deaf-blindness and the needs of their families and service providers. This occurred by identifying needs and issues, setting appropriate objectives, engaging in effective activities to achieve these objectives, evaluating outcomes, and modifying activities based upon the outcomes.

The project strived to meet identified needs in the state by implementing exemplary practices found in current research. These practices of: identification of children with deaf-blindness, increasing local capacity through advisor training, emphasis on families, and use of demonstration sites are supported by the literature.

Early identification and follow-through has been suggested by Orelove and Sobsey (1992) as a means of preparing young children with multiple disabilities to develop to their optimum potential. Identification procedures and maintaining an accurate deaf-blind census becomes important since, "obtaining accurate counts of children who are deaf-blind is important for planning resource distribution and program development and implementation" (Ward & Zamborne, 1992, p. 49). As students are assessed and identified as deaf-blind, appropriate service delivery is needed to allow students to receive effective education. There is "a risk of inadequate service provision in all settings because of a lack of teachers who represent a range of expertise across the disability area, lack of related and support services specific to sensory impairments, and lack of resources and skills to address either those disabilities accompanying the deaf-blindness or the deaf-blindness itself" (Zamborne & Huebner, 1992, p. 289). There is "difficulty in delivering a comprehensive appropriate educational program to children who are deaf-blind" (Zambone & Huebner, 1992 p. 289).

To address these needs, technical assistance, including inservice training, are effective ways for teachers to update their skills in relation to particular students and in light of new theories and practices derived from research (Briggs, Logan, & Alberto, 1994). In the area of deaf-blindness, there are often several key areas about which service providers and staff need

further information. Often staff of programs need further training in how to utilize students' residual sight and hearing, as well as how to compensate for auditory and visual impairment (Fredericks & Baldwin, 1987). Areas such as communication, orientation and mobility, integrated programming, curriculum development, and technology are areas of particular need which can be addressed through technical assistance (Siegel-Causey & Downing, 1987; Sauerburger, 1993; Nietupski & Hamre-Nietupski, 1987; Warren, Horn, & Hill, 1987; Wehman, 1992).

Use of advisors to assist in providing some aspects of technical assistance throughout the state follows a train-the-trainer model. In a train-the-trainer model, "certain individuals within an agency are trained in a designated set of skills and subsequently taught, and expected, to train the designated skills to the other staff" (Green & Reid, 1994). This model has been shown to be effective across a wide range of instructional areas (Green & Reid, 1994). When the advisors are trained and have effective skills in the area of deaf-blindness, they may assist others by providing technical assistance. Also, their classrooms may serve as demonstration sites to others to show implementation of effective practices.

DESCRIPTION OF PROJECT ACCOMPLISHMENTS AND OUTCOMES

Objective 1

Identify and locate children who are deaf-blind.

- 1.1 Contact appropriate agencies/individuals defining deaf-blindness and explaining the project.

Identifying and locating children with deaf-blindness was carried out in cooperation with the Georgia Department of Education (DOE) and the Georgia Department of Human Resources (DHR). With parental permission, all district Early Intervention Coordinators with DHR were notified of children within their district, birth to three, who were referred to the project. All local school system (LSS) special education directors were notified of referred children within their district, birth to five years of age. All local school districts were also sent information regarding the deaf-blind project and explanations and definition of deaf-blindness. Forms were disseminated yearly to Special Education Directors in all school districts to add qualified students, ages three through twenty-one, to the Georgia Deaf-Blind Census. On-site visits were also conducted to increase awareness of the project and aid in identification of children with deaf-blindness.

The project coordinators and staff have facilitated public awareness of the project through construction and dissemination

of a brochure, media coverage, local presentations at professional meetings and workshops, and on-site visits around the state to early intervention coordinators, preschool and school programs, clinics, hospitals, etc. A new Georgia Deaf-Blind Brochure was created and disseminated to all school districts, pertinent agencies, and GLRSS. (See enclosed brochure under Evaluation Findings Section). A thirty second public service announcement about the Deaf-Blind Project was made and was aired by at least fifteen television stations, multiple times. (See further information under Objective 10). The project made numerous presentations regarding the Georgia Deaf-Blind Project, including State and Local ICC meetings, AAHBEI Administration meetings, Georgia State University graduate classes, and Project Director's Meeting.

The project's school-age/technical assistance coordinator initiated contact with the DOE Moderate, Severe, Profound Intellectual Disabilities Consultant to expand membership in the deaf-blind teacher consortia across the state, utilizing the GLRS network. Ongoing communication also occurred with the state consultants in Hearing Impairments and Visual Impairments. The identification of deaf-blind children in Georgia has also been expanded through ongoing affiliation with other appropriate agencies. (See the list of agencies in Evaluation Findings Section.)

1.2 Identify children in underrepresented counties/regions.

Project staff and coordinators' representation on local interagency coordinating councils (ICCs) increased the number of referrals to the project, especially in previously underrepresented areas. Children in several new counties were identified. The project's focus on addressing under-served areas had a direct correlation to recruitment of advisors which, in turn, expanded identification of students with deaf-blindness in those areas. The project coordinators met with staff of an inner-city hospital in Atlanta and explored the possibility of providing alternative service delivery models to previously under-identified and under-served indigent families with children with deaf-blindness. Each year, identified children with deaf-blindness were mapped out across Georgia, and counties with little to no representation were re-contacted to clarify the definition of deaf-blind and/or project activities. (See list of identified counties under "Targeted Underrepresented Counties" in Evaluation Findings Section.)

1.3 Assist families and service providers in the procurement of vision and hearing evaluations.

1.4 Provide technical assistance for functional visual and

auditory assessments.

Technical assistance was provided in the area of functional visual and auditory assessments. Twenty-two functional vision evaluations were conducted on-site for children with deaf-blindness in 1993, 25 were conducted in 1994, and 31 were conducted the third year. A vision consultant was contracted to conduct ongoing functional vision evaluations statewide, as requested, for children and youth with deaf-blindness, birth through 21, or referrals were made to local vision specialists. Ongoing audiological evaluations were provided on-site, or referrals were made to local audiologists for children and youth with deaf-blindness, birth through 21.

1.5 Maintain and update the Georgia Deaf-Blind Census.

1.6 Coordinate identification to prevent duplication.

Each year, the project director or project coordinator mailed letters with census forms explaining the definition of deaf-blindness to 159 LSS special education directors throughout Georgia. Teachers (approximately 113) who were listed as serving students with deaf-blindness on the previous year's census were also contacted. Follow-up contacts were made to those not responding to the original letter or who had missing information. This resulted in accurate census information. The Georgia Deaf-Blind Census report was submitted each year to TRACES, as required by the federal project officer. Census data collection was ongoing and was placed on a new data based system (FoxPro) for ease of access and keeping the system up to date. Also, the system was set up to prevent duplication. (See attached census under "Census" in Evaluation Findings Section).

Objective 2

Provide direct services to deaf-blind children, birth to three, and their families.* (As discussed with our federal officer, the Georgia Deaf-Blind Project actually provides technical assistance, not direct service. The activities of the objective were combined with Objective 3 as technical assistance).

Objective 3

Provide technical assistance to families and service providers of deaf-blind children, birth to three.

2.1 Assess needs of families.

Assessment of the needs of families were conducted three ways: 1) through questionnaires to determine areas to be targeted during workshops, 2) through interviews and discussions during

home visits, and 3) input through families on the Georgia Deaf-Blind Advisory board. To determine which areas parents would like to have presented during workshops, a parent questionnaire was attached to the workshop evaluation form which was disseminated during each annual parent workshops. Forms were completed by participating parents to determine training and service needs of the families.

Parents receiving home visits from parent advisors also were assessed as to their needs. Parents were interviewed at the beginning of each year and ongoing discussions occurred each visit between the parent advisor and the parents to determine which areas they wanted technical assistance.

An Individualized Program Plan (IPP) for each child with deaf-blindness, birth to three, who was actively enrolled in the project was written in September, 1993, collaboratively with parents. Specific parent objectives and goals were assimilated into the IPP. As new children were enrolled throughout the year, IPPs were written, following assessment. The project IPPs have been used by service coordinators to help develop Individual Family Service Plans (IFSPs). Project IPPs were also used by the state IEP team to assist in the development of a new statewide IEP form for transitioning children from Part H to Part B programs.

Three parents of preschool and school-age children and youth with deaf-blindness served on the project's Deaf-Blind Advisory Committee. Their contribution to the committee was to voice issues and concerns of parents of children with deaf-blindness.

2.2 Provide home intervention.

3.1 Provide technical assistance to families and project personnel through project therapy consultants.

The Georgia Deaf-Blind Project provided technical assistance to the families of infants, toddlers, and children who are deaf-blind in the home setting. Parent advisors were trained to work with families in the home and they made home visits approximately four times a month to deliver technical assistance. Therapy Advisors provided technical assistance in the home twice a month.

Parent advisors were special education teachers (certified in visual impairments, hearing impairments, or mental retardation), early childhood special education teachers, audiologists, speech-language pathologists, or specialists in related fields who were trained by the Georgia Deaf-Blind Project using the INSITE Training Model. INSITE Training Institutes were conducted annually and took place over a six day period, for eight hours per day. Training utilized the INSITE curriculum, a nationally respected and validated curriculum for preschool

children with multidisabilities and sensory impairments. Topics covered such areas as vision loss and assessment, hearing loss and assessment, transition, resources, adapted devices, motor problems, communication issues, strategies, impact of deaf-blindness on child and family, family adjustment issues, multicultural considerations and program mechanics. Data indicated a high level of knowledge learned and a high level of satisfaction. Available data was compiled using the Early Intervention Self-Evaluation Forms (Pre and Post) and Training Satisfaction Forms. (See data under Evaluation Findings Section on "Initial Training Data for Parent Advisors").

Therapy advisors were physical therapists or occupational therapists with pediatric experience who were licensed in the state of Georgia and received training by the Georgia Deaf-Blind Project through the Related Service Advisor Training Institute. Training occurred annually over a three day period for eight hours a day and covered such topics as family adjustment issue, vision and hearing loss, communication, strategies related to motor problems/delays, and program mechanics. Data indicated a high level of knowledge and satisfaction. (See compiled data under "Initial Training Data of Therapy Advisors" in Evaluation Findings Section.)

Throughout the three year grant, a number of parent and therapy advisors received initial training. Year 1, ten parent advisors were trained. Year 2, 15 parent advisors were trained. Year 3, 24 parent advisors were trained. At the end of the three years, there were 87 parent advisors located throughout the state of Georgia. For therapy advisors, 8 therapy advisors were trained in year 1. In year 2, 10 therapy advisors were trained, and in year 3, 12 therapy advisors were trained. At the end of the three year period there were 36 therapy advisors throughout the state of Georgia.

Follow-up training for parent advisors and therapy advisors was based on on-site supervisory visits, evaluation of the advisors's monthly reports, and quality of assessments written after each Parent Advisor and Therapy Advisor visit. On a yearly basis the Parent and Therapy Coordinator on the Georgia Deaf-Blind Project evaluated each parent & therapy advisor on-site and filled out evaluation data. This data helped guide the advisors and assisted the project in determining any needed changes. Evaluation data was high as seen in the summarized data found under "Parent Evaluation of Parent Advisor and Therapy Advisor" in Evaluation Findings Section.

Technical assistance provided by parent and therapy advisors were evaluated through evaluation of monthly reports (which documented implementation of recommendations), coordinator's specific on-site evaluation of advisors, parent evaluations of

the project, and child change data. Preschool and Therapy Coordinators monitored and consulted with the parent and therapy advisors regarding the recommendations made on the monthly reports. Data indicated a high level of implementation.

During this grant period, the project developed and disseminated a Parent Evaluation of Parent Advisor Form and Parent Evaluation of Therapy Advisor Form. These forms evaluated family satisfaction with the program and the staff. The return rate was excellent, with an approximate 90 percent return rate each year. The parents highly rated both the program and staff. Items on the Parent Evaluation from for Parent advisors had mean ranges from 2.75 to 3.00 (out of a three point scale with three being high) across the three years. The Parent Evaluation form for Therapy Advisors showed means for each item ranging from 2.38 to 3.0. (See compiled data under "Parent Evaluation of Parent Advisors and Therapy Advisors" in Evaluation Finding Section).

The infants and children with deaf-blindness were also assessed as to their progress. In-home pre-assessments on children enrolled in the project were conducted each year in the fall using the Callier-Azusa Scale and the INSITE Checklist. Post-assessments on these children occurred each year in the spring. New referrals to the project receive pre-assessment as they are enrolled throughout the year. Results of pre and post testing were sent to the SKI-HI Research Institute in Logan, Utah, for national data collection. Each year gains were made for infants and children with deaf-blindness. (See Georgia's data on Callier-Azusa Scale in Evaluation Findings Section.) Therapy assessments were conducted when initial evaluation of the child occurred and every six months thereafter.

Update training occurred through attendance of bi-annual Southeast Regional SKI-HI/INSITE Conference. Thirty parent advisors and therapy consultants attended the 1994 Southeast Regional SKI-HI/INSITE Conference in St. Louis, Mo. on June 16-18. (See documentation of Georgia participant involvement under "Sample Follow-Up training Activities".) Evaluation data for entire conference for all presenters across all participants in each participating state can be found in the evaluation report which is on file at the Georgia Deaf-Blind Project).

During the first and third year, other workshops were provided for parent and therapy advisors to attend as part of their update training. These workshops were sponsored by the Georgia Deaf-Blind Project or in collaboration with other agencies on topics pertaining to early intervention of children with deaf-blindness. This included: 1) a 1994 workshop on pediatric massage for children with special needs and deaf-blindness (attended by thirty-four parent advisors and therapy consultants), 2) a workshop on oral motor issues in 1995, and 3)

several weekend retreats and Institutes on Deaf-Blind issues. (See "Sample Follow-Up Training Activities" in Evaluation Findings Section). Project staff and advisors also attended other pertinent workshops, such as Creative Classroom Strategies, Creative Augmentative Communicating, UCP Training on Using Assistive Technology and AAC, and The Early Childhood Special Education Conference (co-sponsored by the Georgia DOE and DHR).

All data acquired through initial training, follow-up training, on-going monitoring, parent satisfaction, and infant/child assessments were evaluated on a continual basis and changes were made in the program based upon this evaluation data. As the data reflects, there was a high level of knowledge gained, high level of implementation of recommendations made by advisors, high satisfaction with the program, and positive gains made by the children with deaf-blindness.

3.2 Provide T.A. to community service providers.

The provision of technical assistance to community service providers occurred on several levels. The preschool and therapy coordinators and staff promoted public awareness of the preschool portion of the Deaf-Blind Project, attended state and local ICC meetings, made presentations to local agencies on specific topics upon request, and provided information on effective practices. Contact sheets were used by the project coordinators to document frequency and type of technical assistance provided to community service providers.

Some examples of the technical assistance provided by the project coordinators and staff were: collaboration with Part H personnel at two regional assessment workshops for health professionals in early intervention; participation on the State ICC Personnel Preparation Committee to develop training guidelines for early intervention; instruction of physical therapy students at North Georgia College on deaf-blindness; presentation to parents and health district personnel in Fayette County on deaf-blindness; presentation to parents, early intervention and preschool special education personnel, early childhood and Head Start personnel and administrators on service delivery to children with deaf-blindness through least restrictive/natural environments; presentation at the Region 4 Head Start Conference on Early In-Home Services for Infants and Toddlers with Sensory Impairment; and presentation to parents and professionals at a Specialized Training of Military Parents (STOMP) workshop at Ft. Benning, Georgia. In addition to these, the therapy coordinator participated in planning a cultural diversity workshop for early intervention personnel. This workshop, sponsored by the University Affiliated Programs of the University of Georgia, occurred in Winter of 1993. The pre-school

coordinator presented at The Georgia Low Incidence Workshop (March 22, 1993) on preschool and deaf-blind issues.

Project coordinators, parent advisors, and therapy consultants continued to provide technical assistance and information to community service providers such as physicians and other health care professionals, preschool teachers, day care workers and others through on-site visits, written materials, presentations and referrals.

Representatives from DOE early childhood special education and CSPD, DHR (Part H), Headstart, the National Diffusion Network (NDN), Georgia State University and the Georgia Deaf-Blind Project met and planned a Vision Institute which addressed effective practices in working with children with blindness and deaf-blindness, birth to five. The participants included project parent advisors, DOE special education preschool teachers, Head Start Resource Access Project (RAP) personnel, and DHR personnel who were working with eligible children. Staff development credits were offered to the participants.

During this grant period, the project coordinators also developed a Technical Assistance Report Form to monitor the type and frequency of technical assistance and/or services to families provided by the project parent advisors and therapy consultants. The forms were disseminated to the parent advisors and therapy consultants and the return rate was approximately 75 percent. The project coordinators documented types of technical assistance requests made at the project site, as well as their resolutions, using contact sheets. Results of these surveys and reports guided the project in making program revisions. (See compiled Technical Assistance Report for results under Evaluation Findings Section).

3.3 Build statewide local capacity for technical assistance to families and professionals.

Statewide local capacity for technical assistance to families and professional working with children from birth to age three occurred on several levels. Building of local capacity occurred through the continued development and implementation of the parent advisor and therapy advisors who delivered technical assistance throughout the state.

Local capacity was also increased through involvement with state and local ICCs. The preschool coordinator, therapy coordinators, and project staff continued to serve on the state ICC and on local ICCs throughout the state. Participation on the ICCs facilitated provision of direct services or technical assistance to children with deaf-blindness and their families through cross referral between agencies/individuals.

In cooperation with the Georgia Department of Education (DOE), the Georgia Deaf-Blind Project facilitated Georgia's selection as a VIISA Project training site. Training occurred in summer and fall of 1993 with the ongoing assistance from the Georgia Deaf-Blind Project. Results indicated a high level of satisfaction. This project facilitated building statewide local capacity to serve visually impaired and deaf-blind pre-school children, ages three to five, in Georgia.

State collaboration and building of local capacity also occurred through the Georgia Deaf-Blind's Project involvement in the development of a Vision Institute. Representatives from DOE early childhood special education and CSPD, DHR (Part H), Headstart, the National Diffusion Network (NDN), Georgia State University, and the Georgia Deaf-Blind Project met and planned a staff development Vision Institute concerning effective practices in working with children with blindness and deaf-blindness, birth to five. The participants included project parent advisors, DOE special education preschool teachers, Head Start Resource Access Project (RAP) personnel and DHR personnel who were working with eligible children.

- 2.4 Assist families in accessing other resources and support services.
- 2.3 Maintain and expand loaner bank of resources/equipment.

Families were assisted in accessing resources and support services found throughout Georgia. Agencies and personnel that parents could contact were provided upon request. The project coordinators also assisted families in accessing out-of-state resources through contacts with special education directors, early intervention coordinators, and regional INSITE coordinators in other states which border Georgia.

To help assist families in accessing resources, a loaner bank of resources and equipment was maintained and updated. Videotapes, curricula, books and articles on effective practices and other issues were purchased or collected by the project for use by families and professionals. (See list under Evaluation Findings Section.)

Objective 4

Provide T.A. to LSSs, families and service providers of deaf-blind children three to five.

- 4.1 Build statewide local capacity for T.A.
- 4.2 Cooperate with LSSs and families to expand T.A. through the project.

Special attention was given to children with deaf-blindness, ages three through five, due to the concern that the Georgia Department of Rehabilitation (DHR) (lead agency for Part H funding) was in the process of beginning to provide programming for this population, but had not fully implemented its plan. Since implementation of DHR Part H services did not occur until July 1, 1994, the project was unable to establish an interagency consortium comprised of DHR and DOE personnel to address transition issues, until after that time. Transition workshops were held throughout the state. The Georgia Deaf-Blind Project personnel attended and assisted in planning transition workshops and notified parents, project staff and other professionals working with this population in their areas. In addition, the project staff were members of state and local ICCs where DHR and DOE preschool special education administrators collaborated on transition issues. The State DOE and DHR developed a collaborative statewide transition training (Project STEPS). The Georgia Deaf-Blind project continued its involvement in this training and other transition issues.

The Georgia Deaf-Blind Project grant specified identifying three preschool sites to determine effective practices for a variety of service delivery models with preschool children with deaf-blindness. This was delayed since the school-age/transition project coordinator was not hired in a full-time capacity until October, 1993. (The project utilized the services of a consultant during part of the 19 month vacancy in the position.) However in Spring of 1994, the school-age coordinator left the project. The position remained vacant until Fall of 1994 when all activities for students ages three through twenty-one were subcontracted to Georgia State University. At that time a full time School Age/Technical Assistance Coordinator was hired. In the last year, the location and program of the students ages three to five was determined and technical assistance was provided as needed. (See "Program Data of Children Three to Five Years of Age" in Evaluation Findings Section). After identifying and providing technical assistance, the individuality of each student and how services were being provided by the school district varied to such a degree that the original proposal to follow three sites was felt not to be useful to the project. Also, due to the lateness of this objective being implemented (for the reasons stated above), following three sites for less than a year was not felt to provide sufficient data.

Statewide local capacity for technical assistance occurred through the utilization of parent and therapy advisors (see Objective 3) and well as the use of educational advisors (see Objective 5). The project cooperated with LSSs and families to expand technical assistance opportunities. This occurred through use of parent and therapy advisors, as well as by providing training in VIISA and Vision Institutes. Cooperation with

numerous agencies (e.g., Georgia DOE preschool education consultant, the DOE vision consultant, the DOE coordinator for physical disabilities/low incidence, the area head for vision and deaf-blind teacher training programs at Georgia State University, the regional coordinator for the Head Start Resources Access Project) in discussions pertaining to technical assistance of children, ages three to five, occurred to provide effective technical assistance and build statewide local capacity. (See data from objectives 1, 2, & 3, as well as a full listing of agencies in Evaluation Findings Section).

Objective 5

Provide technical assistance to LSSs, families and service providers of deaf-blind children 3 to 21.

- 5.1 Build statewide local capacity for T.A. through the Mentor (Advisor) Program.
- 5.3 Collaborate with LSSs and families to expand T.A.

The Georgia Deaf-Blind Project brought in the Indiana Deaf-Blind Project director, Karen Goehl, as a consultant on September 2-3, 1993. The purpose of the consultation was to describe and discuss the Indiana Deaf-Blind Projects Mentor Program that the Georgia Deaf-Blind Project sought to replicate. The consultant also provided technical assistance on the logistics of establishing a mentor program in Georgia which would build statewide local capacity for technical assistance.

At the time technical assistance was received from Ms. Goehl, the school-age/Technical Assistance Coordinator was vacant. The project employed the services of a part-time consultant in order to initiate contacts and procedures necessary for the implementation of the Georgia Mentor Program, while awaiting the hiring of a new school-age coordinator. A new coordinator was hired at the end of 1993 and left in the Spring of 1994. During this time, a needs assessments was disseminated to special education directors and teachers of children and youth with deaf-blindness with a 70 percent returned rate. (See Mentor/Educational Advisor Needs Assessment survey in Evaluation Findings Section.) Major areas of need included orientation to mentoring, communication strategies, and behavior management.

Project personnel addressed the special education directors at the spring, 1994 Georgia Council of Administrators of Special Educators (G-CASE) Conference in order to explain the Georgia Deaf-Blind Mentor Program to them and enlist their support. Special education directors were asked to assist project personnel in determining the need for the mentor program in their areas, and collaboratively identify personnel who met the

selection criteria and supporting the program goals.

The first mentor training occurred as the Georgia Deaf-Blind Institute in Summer of 1994. Kat Stremel presented on communication strategies, Dr. Paul Alberto presented on behavior management, and Joan Houghton presented on mentoring. Seventeen participants attended the Deaf-Blind Summer Mentor Institute in 1994 from geographically diverse areas across the state. The final evaluation was very high with a 4.69 overall mean score (on a scale of 1 to 5, with 5 being the highest). Participants earned SDU credit for their participation in the project. (See data under Georgia Deaf-Blind Institute 1994 in Evaluation Findings Section). Strengths and weaknesses were written out by the participants and modifications were made for the next Deaf-Blind Summer Institute based upon the evaluations.

In Fall 1994, all activities for three through twenty-one year olds were subcontracted to Dr. Kathryn Heller at Georgia State University. A school-age Technical Assistance Coordinator was hired and follow-up to the participants of the Deaf-Blind Summer Institute occurred. On-site visits and phone consultations occurred to each participant of the Institute who had a deaf-blind student that year.

Two weekend retreats were offered to those who participated in the 1994 Summer Institute and to other individuals interested in learning more about Deaf-Blindness. Topics of the retreats were based upon a participant need assessment that showed orientation and mobility for students with deaf-blindness as the top priority, followed by communication techniques. The first weekend retreat occurred in February 1995 and had sixteen participants. On Friday night, a presentation was made on communication strategies for students who are deaf-blind. All day Saturday consisted of basic orientation and mobility. As seen on the Workshop evaluation data, the workshop received an overall mean score of 6.6 (out of a 7 point scale with 7 being the highest). The pre-post data showed that participants had a mean score of 30 on the pretest and a mean score of 86 on the post test. This data demonstrated high level of satisfaction and knowledge learned. (See evaluation data for this under "Weekend Retreat Data" in Evaluation Findings Section). At the end of this retreat, participants provided input into what they would like the second retreat to concentrate on. The highest ranking area was more advanced skills in orientation and mobility which would provide a foundation to work with their own orientation and mobility instructors and their students who are deaf-blind.

The second weekend retreat occurred in April 1995 and had sixteen participants. On Friday night, an individual with Usher's Syndrome presented on her experiences with Usher's syndrome. On Saturday, advanced skills in orientation and mobility were

presented to provide a foundation to work with O & M instructors and the student who are deaf-blind. Satisfaction on the overall workshop received an overall mean score of 6.8 (out of a 7 point scale with 7 being the highest). The pre-test on Usher Syndrome had an overall mean of 70, with the posttest having an overall mean of 90. The orientation and mobility pre-test had a mean of 45 and a post-test mean of 97. Both inservices showed high level of satisfactions and knowledge learned. (See evaluation data for this under "Weekend Retreat Data" in Evaluation Findings Section).

The Deaf-Blind Summer Institute 1995 provided for the development of Educational Advisors (mentors) as well as increased the knowledge base of those who attended. This Institute was taught cooperatively with Georgia State University's graduate course on "Methods of Teaching Students who are Deaf-Blind". Participants had the option of enrolling in the Institute for SDU credit or enrolling in the Methods Course for graduate credit. (Assignments, testing, and readings differed for the two). There were a total of 42 participants attending between one and three sessions of the Institute. (Most participants attended all three sessions.) Eight participants were enrolled for university credit under the Deaf-Blind Methods Course. Participants came from diverse geographic locations across Georgia, as well as from several areas across South Carolina. (See Georgia Deaf-Blind Summer Institute Participant List and Graduate Role under Evaluation Findings Section).

The Deaf-Blind Summer Institute occurred over three weeks and was divided into three sessions:

Session I: Etiologies, Characteristics and Instructional Strategies for Students with Deaf-Blindness.
Session II: Communication and Behavior Management for Students with Deaf-Blindness
Session III: Transition, Orientation & Mobility, and Technology for Students with Deaf-Blindness.
Activities and provided readings (as well as evaluation criteria for those participants taking this for graduate credit) can be found under "Methods of Teaching Students with Deaf-Blindness Course Syllabus". Of the eight students taking this for graduate credit, seven received a grade of A and one received a grade of B.

Participants of the Georgia Deaf-Blind Summer Institute also received pre-post tests throughout the Institute. As seen under "Pretest & Post-tests for Deaf-Blind Summer Institute 1995", substantial gains in knowledge were made across all five pretest/posttests.

Participants also filled out evaluation data on the Georgia Deaf-Blind Institute. Session I received an overall mean score of

6.78 (out of 7 with 7 being the highest), Session II received an overall mean score of 6.7, and Session III received an overall mean score of 6.8. (See compiled evaluation data under "Satisfaction Evaluation Data for Deaf-Blind Summer Institute 1995" under Evaluation Findings Data).

Participants who were trained during the Summer Institute and Weekend Retreats were considered Educational Advisors for the Georgia Deaf-Blind Project. Depending upon their level of knowledge and skill (as assessed during on-site visits), the Educational Advisors were able to assist teachers and families of students who are deaf-blind in several ways. Several Educational Advisors went to other classrooms to look for students who could qualify as deaf-blind and notify the project. Some Educational Advisors provided information in their region regarding the activities of the Georgia Deaf-Blind Project. Two Educational Advisors made presentations on select topics (communication, strategies) to teachers and parents of children with deaf-blindness.

Based on LSSs, service providers and families' requests, the school-age/transition coordinator and Project Coordinator continued to provide technical assistance throughout the state. Requests came from special education teachers, speech therapists, orientation and mobility specialists and parents around the state. The school-age/transition coordinator filled these requests through dissemination of information (e.g. books, videotapes, curricula), on-site visits, phone contacts, in-classroom demonstration of effective practices, referrals made to local individuals and agencies, and collaborative training and consultation activities. As seen under "Sample On-Site Technical Assistance Activities", an ongoing list of activities, objectives and recommendations was kept. As the data shows, there was a high level of implementation and partial implementation of the recommendations made by project staff. Also in the Evaluation Findings Section, are several select workshops with high levels of satisfactions and pre-post data.

5.2 Establish demonstration sites throughout the state to exemplify effective practices.

In cooperation with the TRACES southeast regional coordinator, two demonstration sites were developed in Georgia. (See Project EPICs data for four additional demonstration sites). The first site was developed in Richmond County (mid-east section of the state) in 1992-1993. Teachers received on-site technical assistance on approximately a monthly basis. (This was the third year receiving TA). The majority of recommendations made by the Georgia Deaf-Blind Project were implemented by the teachers and

there was a high level of satisfaction. At the end of 1993, plans were made to transfer students in more inclusive settings. The project assisted with this endeavor.

The second demonstration site was in Cairo and Camilla (located in the extreme southern part of the state). Teachers received on-site technical assistance from Fall 1993 to Spring 1995. Development of this site occurred cooperatively with TRACES. Two consultants were hired for this endeavor, Donna Williams (Assistant Scholar Faculty Member, Department of Special Education, University of Florida) and Hazel Jones (Assistant Professor, Department of Special Education, University of Florida). Several recommendations were made, with most of them being implemented or partially implemented. (See data under "Demonstration Site Data" in Evaluation Findings Section). Inservices were also provided. Although the teacher's skills still have a ways to go, changes were made which benefitted students who are deaf-blind and resulted in positive student change.

Throughout the three years of the grant, the school-age/transition coordinator collaborated with local school systems and families to expand technical assistance opportunities and activities through the project. The project informed parents of the availability or continuation of services and children's rights for a free appropriate public education (FAPE), and assisted with transitioning of the preschool population to school based programs. The school-age/technical assistance coordinator assisted with transitioning of students from school to vocational settings, as appropriate. Also, collaboration with the state consultant for the Comprehensive System of Personnel Development (CSPD) on the state needs assessment occurred.

Objective 6

Provide transition services to families, LSSs and service providers.

- 6.1 Assist children and families in transitioning between and within Part H and Part B programs.
- 6.2 Notify appropriate agencies of transition assistance provided by the project.
- 6.3 Coordinate with various agencies, LSSs and families to develop transition goals and community linkages.
- 6.4 Assist in accessing appropriate resources to facilitate transition.

6.5 Coordinate efforts with the Georgia State University
Deaf-Blind Transition Project.

Parent advisors, therapy consultants and project coordinators provided ongoing information and support to parents of children transitioning from Part H to Part B programs. The staff provided families with written information and discussions on transition issues, made necessary referrals (e.g. to Parents Educating Parents - PEP), followed the state procedure of notifying LSSs at least six months prior to the child's third birthday and entry into the Part B system, provided ongoing support to the families throughout the transition process, attended staffings, whenever possible, and shared information to facilitate the transition process. Project coordinators were involved with collaborative planning for the dissemination of transition information to families (e.g. the annual Kiwanis parent workshop and the Atlanta area metro ICC workshop, flyers, articles, etc). This information and support was provided to families of three to five year olds enrolled in the project.

The school-age/transition coordinator made contacts with personnel from DHR Division of Vocational Rehabilitation, Project SETS, and the Georgia Transition Team to provide transition assistance to three to five year olds with deaf-blindness and for children and youth with deaf-blindness, five through 21 years of age. These agencies collaborated with LSSs, service providers and families and developed transition goals and community linkages as transition-related requests were received.

The Georgia Deaf-Blind Project and Georgia State University Deaf-Blind Transition Project collaborated on several activities. Several meetings occurred between the two projects. Information developed by Georgia State University's Deaf-Blind Project was used the Georgia Deaf-Blind Project. The Transition Project also utilized the information and technical assistance provided by the Georgia Deaf-Blind Project in assisting students with deaf-blindness transition from school to vocational settings.

Objective 7

Assist with the integration of deaf-blind children into the community.

- 7.1 Assist families, LSSs and service providers in locating integrated community services.
- 7.2 Provide T.A. to LSSs and other service providers in order to expand placement options and develop local capacity.

In the preschool-age population, this objective was accomplished through the project coordinators' and project staff's participation with the state interagency coordinating council and on local ICCs, statewide, and through meetings and other communication between preschool representatives from the Georgia DOE and DHR and the project coordinators. When appropriate, efforts were made to cooperatively work toward placements of young children with deaf-blindness in inclusive community programs, such as day-care programs, public and private preschool programs, Head Start programs, etc. The project coordinators and staff made visits to local community agencies which either served or were interested in serving preschool children with deaf-blindness in order to explain the project and related deaf-blind issues. Project staff continued to refer parents and service providers to inclusive community services that were identified, upon request.

In the school-age population, the project referred LSSs, families, and service providers to agencies/individuals (e.g. DOE special education consultants, DHR vocational rehabilitation counselors, TRACES personnel, Georgia State University Pilot Project and Transition Project personnel) who assisted in community placement/referral of children with deaf-blindness.

Individualized technical assistance regarding community inclusion of school-age children with deaf-blindness occurred by utilizing the expanding list of resource agencies providing transitional services. Also, statewide directories (e.g. GLRS, LSSs and DVR), professional contacts, the Georgia Transition Team (GTT), the statewide deaf-blind consortium, and parents were utilized to develop other sources of community inclusion. The Georgia Deaf-Blind Project frequently made recommendations on how to address the specialized needs of children with deaf-blindness in inclusionary settings.

Project EPIC, the Georgia Deaf-Blind Pilot Project, was aimed at promoting effective partner interaction in the community. This project promoted integration in the community and vocational sites. See Pilot Project Data for documentation.

Objective 8

Provide a network of supportive services to families/caregivers of deaf-blind children.

- 8.1 Provide support through training, technical assistance and service.
- 8.2 Collaborate with other agencies in providing training, networking and locating resources.

8.3 Empower parents in decision-making.

The project's annual parent workshop was held each year in October. At the 1992-1993 workshop, 106 family attended. At the 1993-1994 workshop, 113 families attended. At the 1994-1995 workshop, 120 families attended. For each workshop, topics were selected based upon parent's identified needs of the previous workshop. The three annual workshop included topics on parent support systems, legal rights and advocacy, and the effects of a child with special needs on the immediate family. The keynote speaker in 1993 was Mrs. Joyce Ford, a parent of a child with deaf-blindness and a member of the National Parent Network (NPN) Advisory Committee.

Mass mailings were sent to families to piggyback on parent workshops sponsored by various other agencies and organizations, for example: Southeast Conference of ARC, Parent to Parent workshops, Community Forums on Children and Families sponsored by the Parent-Infant Resource Center of Ga. State University, etc.

Three parents were sponsored by the project to attend the NAPVI, National CHARGE workshop. Another parent was sponsored to attend the National Cornelia DeLange Association workshop. A third parent was sponsored to attend the SE Regional Deaf-Blind Institute on Communication with Learners who are Deaf-Blind. (See attached participant list).

Multi-agency support has grown since the project staff was so closely involved with statewide ICCs, statewide consortia in vision and hearing impairment, medical child care and other allied agency services.

Pre-school parents and school-age parents were strongly encouraged and assisted by project staff in participating in the decision-making process through direct involvement in program planning, IFSP/IEP development, selecting supportive services, making transition choices, etc. A number of parent advisors working with the project assisted parents in establishing local parent support groups in their areas. Parents were also referred by project staff to various regional and national parent support groups (e.g. Parent to Parent, Parents Educating Parents) and other supportive resources in their local areas, as needed. Specifically, parents of deaf-blind children with behavioral or family crisis needs (e.g. Katie Beckett Waiver, SSI, CMS, the WIC program) were linked to social workers, counselors and other appropriate agencies/individuals. The project also located and disseminated specific information on syndromes or other etiologies, resources, agencies, etc. in response to individual requests from families.

The Georgia Deaf-Blind Project was also involved in

assisting with the support and formation of the "Georgia Support Group for Parents of Deaf-Blind Children" and the "Georgia Association of the Deaf-Blind". (See flyers regarding these groups activities with the Georgia Deaf-Blind Project (or GSU) identified as contacts or given thanks in the Evaluation Section.) Additionally, individuals from the Georgia Deaf-Blind Project (the Preschool Coordinator), a school age child with deaf-blindness, a parent of the child with deaf-blindness, and ten other individuals from around the state met with the governor to sign the Deaf-Blind awareness week proclamation.

In response to individual requests from families, the project staff located and disseminated specific information on syndromes or other etiologies/medical conditions. The project also located and disseminated information on pertinent agencies and made referrals as needed.

The project also facilitated parents' leadership roles and responsibilities. Three parents of children with deaf-blindness serve on the project's Deaf-Blind Advisory Committee, two parents serve as members of the state ICC, several parents are acting as chairs or members of local ICCs and more parents are serving as members on different groups/agencies advocating for and representing children with special needs.

Objective 9

Cooperate and collaborate with the lead agencies (DHR and DOE) and other agencies in the delivery of services to deaf-blind children and families.

- 9.1 Establish and maintain ongoing communication with other agencies
- 9.2 Make cross-referrals and investigate the participation of other agencies
- 9.3 Provide technical assistance to agencies
- 9.4 Participate with agencies in all phases of services

The project has maintained communication with representatives from DOE (consultants in special education, early childhood special education, vision, hearing, severely to profoundly intellectually challenged and CSPD) and DHR (the Part H project director, the Part H CSPD coordinator, early intervention coordinators and ICC chairs). Cross-referrals were made with these agencies (see Objective 1, Accomplishments/Plan). Representatives from DOE and DHR worked closely with the preschool coordinator to expand local capacity and subsequent services to children with deaf-blindness through the VIISA

Project. The Mentor Program was planned in cooperation with TRACES and LSSs. The establishment of statewide deaf-blind consortia was pursued with DOE and the GLRS network. Cooperation with TRACES and Georgia State University programs led to the development of two additional demonstration sites, contributing to building local capacity for educating children with deaf-blindness within the state.

Many of the community service agencies listed in Objective one data (see list) were represented on the local ICCs with which project staff work closely. The local ICCs have been a strong forum for educating community agencies about deaf-blind issues and for facilitating referrals to the project. Project coordinators served in various capacities to the state and local ICCs. The therapy coordinator completed a two-year term of service as chairperson of a local ICC and as a member of a joint council of ICC chairs and continues to serve as a member of the local council. The preschool coordinator served as a member of two local ICCs. Other project staff have been involved in local councils across the state. The preschool and therapy coordinators were members of a subcommittee for the state ICC on personnel preparation and service delivery. In addition, the project coordinators served on several governing boards including LEKOTEK of Georgia, PEP and the Metro Vision Consortium.

The project staff expanded its relationship with the Head Start Program, statewide, in the delivery of services to children with deaf-blindness. The Regional Access Coordinator of Head Start served on the VIISA Project planning committee and served on the Vision Institute planning committee. The preschool coordinator presented at the statewide Head Start conference for all Head Start personnel on February 1, 1994. The Migrant Education Division of Head Start worked with the project to assist in supplying interpreters for parent advisors serving non-English-speaking families.

The project worked cooperatively and collaboratively with Georgia DOE preschool, vision and CSPD consultants, and faculty from Georgia State University in planning and implementing the VIISA training (see Objective 4, Accomplishments). The DOE CSPD committed the funds to spearhead the summer vision institutes (also refer to Objective 4). Planning of the institutes occurred in cooperation with the project, CSPD, DOE consultants listed above, Head Start, NDN and teachers from the LSSs. The project also collaborated with the TRACES coordinator in the development of demonstration sites and the planning for the Mentor Training Program. (See Objective 4).

The Traces coordinator, teachers and administrators of children and youth with deaf-blindness from state schools and LSSs, LSS vision and hearing consultants, DHR-DVR administrators,

representatives from related state university programs, consultants from DOE, HKNC, the Georgia Sensory Rehabilitation Center and AFB, parents and consumers of deaf-blind services all served on the project's Deaf-Blind Advisory Committee. The committee met quarterly and worked very closely with the project staff in assisting with technical assistance needs and suggesting creative service alternatives. Additional meetings were set up between project staff and these agencies as needed.

Most of the documented technical assistance requests from agencies this grant period have continued to be in the form of specific information requests, placement assistance, identification of students with deaf-blindness, program planning, and transition support. A number of requests for information on training, curricula and personnel resources were also made (see Objective 3). In addition, a number of organizations were cooperating with the project by publishing notices of any information the project may want to share.

The project staff also collaborated and cooperated in all phases of services with local physicians and allied medical professionals, LSSs, day-care centers and early intervention and other service providers.

Objective 10

Disseminate information about available resources pertinent for deaf-blind children to families and service providers.

- 10.1 Promote public awareness through a variety of means.
- 10.2 Maintain a lending library of information and equipment for parents and professionals.
- 10.3 Collaborate with other agencies for dissemination.

Public awareness of the Georgia Deaf-Blind Project occurred through a variety of means. The project updated its brochure and it was disseminated to every school system and relevant agency. (See Georgia Deaf-Blind Project Brochure). A thirty second television public service announcement regarding the Georgia Deaf-Blind Project was made. It was given to nineteen television stations and one radio station. At least fifteen television stations were documented as playing the public service announcement at least once. Parents and teachers across Georgia have called the Georgia Deaf-Blind Project asking for information after seeing the commercial. (See list of Television and Radio Stations in Evaluation Findings Section).

The project also made contributions to a variety of professional newsletters (Bureau for Multiple and Severe

Disabilities, Milestones) and journals (Journal of Visual Impairment and Blindness, RE:view, & Research in Developmental Disabilities) describing assistance to students with deaf-blindness. (See Project EPIC for copies of articles & newsletters.)

There has been an ongoing attempt to reach a wider audience within the community concerning the project by presentations made by project staff at state early childhood conferences, low incidence conferences, state advisory panels, special education administrators meetings and local ICCs across the state.

The professional and parent loaner library was expanded by the purchase of new resources such as loaner hearing aids, vision stimulation materials (light boxes, etc.), feeding equipment, positioning equipment, switches and adapted toys, books, videos, training manuals, assessment materials, pamphlets and articles. This loaner library has been heavily used by parents and professionals alike. (See Loaner Library list in Evaluation Findings Section).

As individuals requests for information have been made to the project, information/materials have either been mailed out or have been distributed during on-site visits. Referrals to other agencies to meet information/materials requests have also been made, where appropriate.

Objective 11

Maintain a multidisciplinary advisory committee.

The advisory committee met on a quarterly basis throughout the three years. The board added two parents to the advisory committee, based on project staff recommendations, since other parents moved away. There was representation on the Advisory Committee of three parents, a consumer, and individuals representing organizations which interact with individuals (birth through twenty-one) who are deaf-blind. (See list of participants and Meeting Minutes from 1992 through 1995 in Evaluation Findings Section.)

PROBLEMS AND RESOLUTIONS

One problem encountered by the Georgia Deaf-Blind Project was the death of the school-age coordinator and the difficulty encountered filling the position. During the first two years, the position was intermittently filled by two individuals who did not stay with the project long. To address this issue, the structure of the grant was examined. It was felt that the strongest knowledge base of working with students who are deaf-blind was

located at Georgia State University. During the third year, the grant was restructured to subcontract to Georgia State University for all activities involving students with deaf-blindness who were three to twenty-one years of age. This worked well and enabled the Georgia Deaf-Blind Project to meet all of its goals, objectives, and activities.

A second problem occurred on an objective which specified identifying three preschool sites to determine effective practices for a variety of service delivery models with preschool children with deaf-blindness. This was initially delayed since the school-age/transition project coordinator was not hired in a full-time capacity until October, 1993. (The project utilized the services of a consultant during part of the 19 month vacancy in the position.) However in Spring of 1994, the school-age coordinator left the project. The position remained vacant until Fall of 1994 when all activities for students ages three through twenty-one were subcontracted to Georgia State University. At that time, a full time School Age/Technical Assistance Coordinator was hired. In the last year, the location and program of the students ages three to five was determined and technical assistance was provided as needed. (See "Program Data of Children Three to Five Years of Age" in Evaluation Findings Section). After identifying and providing technical assistance, the individuality of each student and how services were being provided by the school district varied to such a degree that the original proposal to follow three sites was felt not to be useful to the project. Also, due to the lateness of this objective being implemented (for the reasons stated above), following three sites for less than a year was not felt to provide sufficient data. The provision of technical assistance to this population assisted in providing school personnel and parents with support and effective strategies in working with this population.

EVALUATION FINDINGS

Data support positive evaluation findings across all goals, objectives, and activities of the grant. Positive results were found across knowledge learned, implementation of recommendations, satisfaction with the project activities, and significant child change data. The following evaluation data address each objective on the grant. Sample forms and results are included and are in the following order:

1. List of Agencies which Deaf-Blind Project Collaborated
2. Underrepresented Counties Targeted
3. Georgia Deaf-Blind Census
4. Initial Training Data of Parent Advisors
5. Initial Training Data of Therapy Advisors

6. Coordinator Evaluation of Parent Advisors and Therapy Advisors
7. Parent Evaluation of Parent Advisors and Therapy Advisors
8. Infant and Child Data Using Callier-Azusa Scale
9. Sample Follow-up Training Activities
10. List of Current Parent and Therapy Advisors
11. Technical Assistance Report
12. Workshops (targeting birth to twenty-one)
13. Program Data of Children Three to Five years of Age
14. Georgia Deaf-Blind Summer Institutes Pre-post tests and Satisfaction Forms (including Needs Assessment)
15. Summer Institute List and Graduate Role for Methods Course on Deaf-Blindness
16. Methods of Teaching Students with Deaf-Blindness Course Syllabus
17. Weekend Retreat Pre-post Tests and Satisfaction Forms
18. Sample On-Site Technical Assistance Activities
19. Demonstration Site Data
20. Letters and flyers supporting Georgia Deaf-Blind Project's involvement in transition, parent group of deaf-blind children, deaf-blind awareness week, and involvement in AFB training.
21. Dissemination information (brochure, public announcement)
22. Success stories
23. Advisory Committee minutes
24. Loaner Library List
25. Evaluation of Georgia Deaf-Blind Project 1992-1995

PROJECT IMPACT

The Georgia Deaf-Blind Project had significant impact on children with deaf-blindness, their parents, and service providers. As described in the Accomplishment section and the Evaluation section, the Georgia Deaf-Blind project impacted on children with deaf-blindness in several ways. Some of the statewide impact included the following:

- 1) Dissemination of brochures and public service announcements on deaf-blindness has resulted in increased referrals and awareness of deaf-blindness and resources.
- 2) Maintenance of an accurate Deaf-Blind Census has assisted in determining need and targeting student's teachers and families for technical assistance.
- 3) Many on-site visits were made across the state with the majority of recommendations implemented. Documentation of student change occurred through this activity. Teachers and parents also profited from these consultations in broadening their skills and knowledge base to more effectively teach the child with deaf-blindness. Service providers and parents also received information regarding training opportunities and availability of resources.
- 3) Parent advisors, therapy advisors, and educational advisors were trained throughout the state to provide ongoing technical assistance to families and school personnel in the area of deaf-blindness. These advisors continue to assist other personnel and families and have resulted in improved parent and school personnel competency and positive child change data.
- 4) Workshops, weekend retreats, graduate methods course, and summer institutes were provided to teachers, related service personnel, and parents on an array of deaf-blind topics which increased participant's knowledge base. Several of these individuals received follow-up on-site training and demonstrated implementation of effective practices which resulted in improved student performance.
- 5) Demonstration site development assisted in demonstrating effective teaching practices to others.
- 6) The Georgia Deaf-Blind Project assisted in creating the Georgia Deaf-Blind Parent Group which continues to function as a source of support for parents of students with deaf-blindness.
- 7) The Georgia Deaf-Blind Lending Library loaned books, videos, and equipment on a statewide basis to parents and teachers. This service has had positive feedback and continues to assist families, and service providers.
- 8) Collaboration with multiple agencies which resulted in better service delivery to children with deaf-blindness.

In terms of the impact to the field of deaf-blindness, the Georgia Deaf-Blind Project interfaced with the Georgia Deaf-Blind Pilot Project (Project EPIC) to provide research in the area of communication. This pilot project resulted in four articles in

referee journals (and a fifth one still being reviewed). Articles contributed to the field of deaf-blindness through building a model of effective communication partner interaction and demonstrating effective communication during community-based vocational training. Use of dual communication boards between students with deaf-blindness and their communication partners was researched and explored through task related communication, initiation, and non-task related communication. A monograph for Project EPIC was also disseminated and is available on promoting effective communication between students with deaf-blindness and their communication partners in the community. (See Final Report on Project EPIC for more information).

FURTHER INFORMATION

Further information regarding the Georgia Deaf-Blind Project can be obtained by contacting: Georgia Deaf-Blind Project, Georgia State University, Dept. of Educational Psychology and Special Education, Atlanta, GA 30303. Further information regarding the pilot project (Project EPIC) can be found under Georgia Deaf-Blind Pilot Project Final Report as well as at the address above.

FINAL REPORT DISSEMINATION

This final report has been sent to ERIC.

LIST OF AGENCIES

Table 4. List of Agencies with which the Georgia Deaf-Blind Project Collaborates

1. DHR Early Intervention Program Coordinator
2. DOE Preschool Consultant
3. DOE Low Incidence Coordinators
4. DOE consultants for the Visually Impaired, Hearing Impaired, Mental Retardation, and Physically Impaired.
5. GLRS- Personnel Preparation and Child Serve Consultants and the 17 Regional center Coordinators
6. TRACES Regional Coordinator
7. HKNC Regional Coordinator
8. Marcus Developmental Resource Center at Emory University
9. University of Alabama Medical College, Dept. of Optometry
10. Georgia Center for the Multihandicapped
11. Children's Medical Services (DHR-Public Health)
12. Medical professionals/agencies- high risk nurseries, hospital clinics, physicians and other medical specialists
13. Local ICCs
14. 19 Health District's Early Intervention Coordinators
15. Public and private preschool programs
16. Headstart programs
17. LSS Special Education Directors
18. The two State Schools for the Deaf and the State School for the Visually Impaired
19. DHR Division of Vocational Rehabilitation
20. American Foundation for the Blind
21. Hilton-Perkins Outreach
23. Georgia Sensory Rehabilitation Center
24. Governor's Council on Development Disabilities
25. Gallaudet University Deaf-Blind Program
26. Other community-based programs (e.g., day care centers, independent living centers, respite care centers, public and private vocational centers)
27. Parents Educating Parents
28. Parent to Parent
29. South Atlanta Resource Center
30. DB Link
31. State ICC-Professional Prep Subcommittee
32. Project SCEIS (Skilled Credentialed Early Interventionists in conjunction with Early Childhood Spec. Ed. Consortium of State Universities)
33. SE Regional Insite Coordinators
34. AAHBEI (American Assoc. for Home-Based Early Intervention)

TARGETED UNDERREPRESENTED COUNTIES

COUNTIES TO TARGET FOR IDENTIFICATION EFFORTS

Decatur
Clinch
Charlton
Ware
BRantley
Pierce
BAcon
Coffee
Atkinson
Cook
Colquitt
Miller
Early
Baker
Brantley
Long
Evans
Effingham
Screven
Enamuel
Pulski
Stewart
Quitman
RAndolph
Terrell
Lee
Clay
Talbot
Taylor
Twiggs
Beckley

Johnson
Emanuel
Jones
Baldwin
Hancock
Waren
Glascok
Columbia
Lincoln
Wildes
Tallafero
Greene
Morgon
Newton
Oglethorpe
Elbert
Hart
Jackson
Haralson
Jackson
Hart
Rabun
Towns
White
Lumpkin
Dawson
Pickens
Gordon
Gilmer
Union

CENSUS

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf-Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis-abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00001	M	10 / 30 / 78	D	2	3	4	3	0	0	4	1
00009	F	4 / 3 / 77	D	2	3	4	3	0	*	4	1
00011	M	1 / 29 / 79	D	3	4	4	3	0	*	4	1
00012	M	12 / 29 / 75	C	4	4	4,6	5	**	*	3	1
00032	M	11 / 14 / 73	E	4	5	4,7	5	**	*	3	1
00033	M	3 / 2 / 75	B	2	4	4,6	5	**	*	4	1
00036	F	2 / 22 / 77	D	1	3	2,4,6	2	0	*	4	1
00059	M	1 / 18 / 75	D	4	3	4,5,7	3	0	*	6	4
00087	M	9 / 5 / 73		1	3	3,6	3	0	*	4	1
00114	M	9 / 15 / 82		4	3	4	5	**	*	4	1
00121	F	8 / 24 / 77		2	3	4	5	**	*	3	1
00122	F	8 / 24 / 77		2	3	4	5	**	*	3	1
00131	F	1 / 17 / 83	B	2	1	2	5	**	*	3	1
00132	M	7 / 25 / 82		4	3	3,6	5	**	*	3	1
00134	F	11 / 14 / 83	B	2	2	4,5,7	5	**	*	3	1
00137	F	10 / 5 / 85		2	3	4,5,7	3	0	*	1	3
00139	M	10 / 7 / 84	D	5	3	4,5,6	5	**	*	3	1
00140	M	12 / 26 / 85	F	1	3	5,7	3	**	*	8	1
00142	M	11 / 11 / 82		1	2	4,5,6	5	**	*	3	1
00146	F	10 / 23 / 83	C	4	4	4	5	**	*	8	1
00149	F	2 / 21 / 84		5	3	6,7	2	0	*	3	1
00158	F	4 / 20 / 80		2	3	4	3	0	*	4	1
00165	F	4 / 11 / 84		4	3	4,5,7	5	**	*	4	5

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00174	M	7 / 22 / 77	D	1	2	4,7	3	0	*	4	1
00176	F	10 / 10 / 80		5	3	4	2	0	*	4	3
00179	M	6 / 17 / 82	C	3	3	4	5	**	*	3	1
00181	M	7 / 5 / 83	C	2	3	4,7	5	**	*	3	1
00184	M	6 / 5 / 85		4	4	4,5,7	3	0	*	9	1
00194	M	6 / 1 / 86	B	3	4	4,7	5	**	*	4	1
00195	F	3 / 15 / 77	D	3	3	4	3	0	0	3	1
00199	F	2 / 22 / 74		2	3	1,7	3	0	0	4	5
00202	F	10 / 30 / 73	A	5	4	7	2	0	*	3	1
00205	M	5 / 10 / 79	E	3	2	0	3	0	0	6	4
00206	M	4 / 27 / 84	F	4	1	4,5,6,7	13	**	0	5	1
00215	M	6 / 1 / 85	A	5	5	4,5,6,7	3	0	*	5	1
00224	M	7 / 5 / 83	A	3	5	0	3	**	*	9	1
00230	F	1 / 6 / 87	B	1	2	4,5,6,7	3	0	0	8	1
00233	M	4 / 8 / 86	B	5	5	5,6,7	3	0	*	3	1
00234	F	11 / 18 / 73	D	4	5	4,5,7	5	0	*	6	1
00236	F	12 / 17 / 74	E	2	3	4,5	3	0	*	4	1
00239	M	11 / 18 / 74	C	4	5	4	3	0	*	4	1
00240	F	4 / 29 / 85	E	1	5	4,5,6,7	5	**	*	3	1
00244	M	9 / 6 / 75		4	5	4	10	0	*	4	1
00250	F	8 / 24 / 86	E	1	3	4,5,6	0	0	0	6	1
00251	M	6 / 16 / 73	D	3	3	4	3	0	*	4	1
00255	F	8 / 11 / 86	F	6	3	5,6,7	5	**	0	3	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00259	M	9 / 5 / 81	B	1	3	4	3	0	*	4	1
00260	F	2 / 6 / 84	E	3	4	4,5,6	5	**	*	3	1
00261	F	10 / 4 / 82	E	3	5	4	5	**	*	3	1
00263	F	8 / 18 / 80	F	4	2	4,7	13	**	*	3	1
00264	F	8 / 29 / 74	D	1	5	4	5	**	*	3	1
00266	F	5 / 21 / 82	E	1	4	4	1	**	*	3	1
00267	F	2 / 11 / 87	B	6	6	4	3	**	*	9	1
00268	F	12 / 21 / 83	E	6	5	4	5	**	*	1	1
00272	F	12 / 21 / 87	C	3	2	3,5,6,7	3	0	*	8	3
00275	M	8 / 8 / 86	F	6	6	4	5	**	0	3	1
00276	M	11 / 21 / 86		3	2	4,6	13	0	*	8	1
00282	M	3 / 8 / 86	C	2	1	5,6	3	0	0	4	1
00283	M	3 / 8 / 86	C	1	2	5,6	3	0	0	4	1
00287	F	6 / 15 / 87	F	6	2	5,6	5	0	0	2	1
00288	F	1 / 16 / 88		1	3	6	5	0	*	3	1
00289	M	3 / 20 / 88	C	6	3	0	13	0	*	5	1
00292	M	5 / 8 / 87	D	2	3	5,6,7	3	0	*	8	1
00293	M	5 / 4 / 87	F	1	2	1,5,7	13	0	0	4	1
00299	M	1 / 25 / 81	D	5	5	4,5,7	5	0	*	9	1
00300	F	9 / 1 / 73		4	3	4,5,7	13	0	*	6	4
00304	F	5 / 18 / 79	B	3	3	4,5,7	3	0	*	3	1
00305	F	9 / 14 / 79		4	4	5,8	5	0	*	3	1
00306	M	12 / 9 / 74	D	2	3	7	3	0	*	1	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00308	M	12 / 7 / 80	F	5	5	4	5	0	*	3	1
00309	M	3 / 7 / 81	D	3	3	4	13	0	*	1	1
00310	F	11 / 14 / 82	E	3	5	4	5	0	*	1	1
00311	F	6 / 20 / 80	B	4	5	4	5	0	*	1	1
00314	M	2 / 16 / 86	B	4	3	4	5	0	*	3	1
00315	M	4 / 29 / 77	E	3	6	1	5	0	*	*	1
00318	M	8 / 8 / 75	E	4	1	4	5	0	*	3	1
00319	M	10 / 26 / 75	A	1	2	0	3	0	*	1	1
00320	M	12 / 1 / 83	E	2	3	4,5,6	8	0	*	1	1
00321	F	10 / 20 / 88	E	3	5	5,6	3	0	*	8	1
00322	F	2 / 24 / 87	D	2	1	0	2	0	*	4	1
00327	M	3 / 8 / 88	F	3	1	5,7	3	0	0	8	1
00329	F	9 / 6 / 86	E	2	1	5,6	3	0	*	8	1
00331	F	10 / 27 / 86		1	3	5,7	5	0	*	3	1
00335	F	4 / 4 / 89	C	3	2	5,6,7	3	0	*	9	1
00337	M	6 / 15 / 89	E	3	2	5,6	3	0	*	8	1
00338	M	5 / 26 / 87		5	5	5,6,7	3	0	*	8	1
00339	M	12 / 6 / 86	E	1	2	4,5,7	3	0	*	8	1
00344	F	8 / 27 / 88	C	3	3	6,7	3	0	*	1	1
00348	F	8 / 5 / 86		3	5	4,5,6,7	13	0	*	1	1
00350	M	7 / 29 / 87	B	4	1	0	13	0	*	9	1
00354	F	8 / 1 / 87	E	5	5	5,6,7	3	0	*	8	1
00355	F	4 / 28 / 85		3	3	4	5	0	*	3	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf-Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis-abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00356	M	3 / 7 / 83	E	5	3	4,5	3	0	*	4	1
00357	M	6 / 26 / 84	E	4	4	4,5	5	0	*	4	1
00358	F	9 / 9 / 8	E	1	3	4,5	3	0	*	4	1
00360	F	8 / 22 / 83		6	6	4	5	0	*	8	1
00362	4	7 / 21 / 80	D	3	3	0	3	0	*	6	4
00363	F	5 / 7 / 87	C	4	1	4,5	3	0	*	4	1
00364	F	5 / 28 / 73	B	6	6	4	5	**	*	1	1
00365	M	3 / 31 / 80	E	1	3	4	5	0	*	3	1
00366	M	9 / 14 / 89	E	4	4	0	13	**	*	2	1
00369	M	7 / 8 / 75	A	1	3	7	3	0	*	4	1
00370	M	9 / 8 / 75	E	4	1	4	5	**	*	4	1
00373	F	9 / 5 / 88	D	1	3	6,7	3	0	*	9	3
00374	F	12 / 21 / 88		2	5	7	3	0	*	9	1
00375	M	2 / 1 / 87	E	1	5	5,6,7	3	0	*	9	1
00379	F	9 / 14 / 89	B	1	1	6,7	3	0	*	8	3
00381	M	3 / 26 / 90	C	5	2	4,5,7	3	0	*	9	1
00383	M	2 / 12 / 88	A	1	1	5,6	3	0	*	8	1
00386	F	9 / 21 / 88	C	3	1	2,4,7	3	0	*	9	1
00387	M	2 / 13 / 89	F	1	3	5,7	3	0	*	8	3
00388	F	2 / 1 / 89	A	5	1	5,6,7	3	0	*	9	1
00389	M	1 / 29 / 89		5	3	5,6,7	3	0	*	9	1
00390	M	6 / 11 / 87	B	2	3	5,6,7	3	0	*	9	3
00391	M	1 / 30 / 88	D	5	5	6	5	0	*	3	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00392	F	8 / 30 / 88	C	1	1	2,6	7	0	*	3	1
00393	M	7 / 12 / 89	A	5	4	7	3	0	*	9	1
00401	F	11 / 20 / 89	A	4	2	0	13	0	*	9	1
00402	F	8 / 2 / 82	E	5	3	4	5	0	*	3	1
00403		3 / 8 / 87		3	5	4,5	5	0	*	3	2
00404	F	3 / 14 / 80	C	5	4	5,6	8	0	*	9	1
00405	M	7 / 13 / 89	C	5	2	5,6	3	0	*	9	1
00406	M	10 / 29 / 90	C	4	5	2,6	3	0	*	9	1
00408	M	8 / 18 / 89	F	5	4	5,6	3	0	*	9	1
00409	F	11 / 17 / 88	A	6	1	6,7	5	**	0	9	1
00411	M	6 / 18 / 88	E	3	6	6,7	3	0	*	9	1
00412	F	8 / 27 / 88	B	2	3	2,4,6	3	0	*	9	1
00413	F	9 / 30 / 91	E	5	5	6	5	0	*	9	1
00414	M	8 / 20 / 89	B	2	1	5,6,7	3	0	*	9	1
00415	F	5 / 22 / 89	F	5	1	6,7	3	0	*	9	1
00416		7 / 16 / 90	D	2	3	0	3	0	*	9	1
00417	M	2 / 8 / 90	E	5	2	5,6	3	0	*	9	3
00418	F	3 / 12 / 89	F	3	2	4,5,6,7	3	0	*	9	3
00419	F	2 / 23 / 91	B	3	5	4,5,6	3	0	*	3	1
00420	F	11 / 3 / 90	A	5	5	2,6	3	0	*	9	1
00421	F	12 / 29 / 75	D	2	1	0	5	0	*	2	1
00422	M	8 / 30 / 85	B	1	3	4	2	0	*	4	1
00423	F	12 / 24 / 81	A	1	4	0	3	0	*	4	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf-Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis-abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00424	M	7 / 28 / 86	B	2	1	0	3	0	*	4	1
00425	M	6 / 21 / 73		1	4	4,5	2	0	*	4	1
00426	F	10 / 13 / 85	B	5	1	4,5	6	0	*	3	1
00427	F	11 / 15 / 84	B	2	1	0	2	0	*	2	1
00428	M	1 / 26 / 82	B	2	1	0	2	0	*	2	1
00429	F	8 / 28 / 75		2	5	0	5	0	*	3	4
00430	F	2 / 2 / 91	E	3	6	2,4	3	0	*	9	1
00431	F	9 / 28 / 91	D	5	3	2,6	3	0	*	9	3
00432	F	9 / 12 / 91	E	5	5	2,4	3	0	*	9	1
00433	M	10 / 10 / 91		6	6	0	3	0	*	9	1
00434	M	12 / 20 / 89	B	5	2	0	3	0	*	*	1
00436	M	3 / 17 / 91	A	6	6	5,6,7	3	0	*	9	*
00437	F	7 / 15 / 91		6	6	0	3	0	*	9	*
00438	M	8 / 17 / 90	C	2	3	6	3	0	*	3	1
00439	M	7 / 2 / 91	D	3	6	2,4,6	3	0	*	9	1
00440	M	4 / 21 / 91	C	2	6	0	3	0	*	9	1
00441	F	7 / 4 / 91	C	2	4	0	3	0	*	9	2
00443	F	4 / 30 / 90	A	2	4	0	3	0	0	9	1
00444	F	7 / 31 / 90	B	2	1	0	3	0	*	9	1
00445	F	9 / 23 / 91	B	6	5	5,6	3	0	*	9	3
00446	F	8 / 15 / 91	C	3	5	5,6,7	3	0	*	9	1
00447	F	5 / 18 / 90	B	2	6	0	3	0	0	9	1
00448	F	1 / 6 / 92	C	5	3	0	3	0	*	9	*

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00449	M	7 / 9 / 92	B	2	6	0	3	0	0	9	1
00450	M	2 / 6 / 92	B	5	5	4,6,7,8	3	0	0	9	3
00451	F	2 / 6 / 91	F	2	2	5	3	0	0	9	1
00452	M	2 / 12 / 92	A	2	2	5,6,7	3	0	*	9	1
00453	M	10 / 16 / 90		5	5	0	3	0	*	9	1
00454	M	9 / 18 / 90	C	5	5	0	3	0	*	9	1
00455	F	7 / 15 / 91	B	2	3	0	0	0	*	*	*
00458	M	4 / 15 / 91	C	5	1	0	3	0	0	9	1
00459	M	2 / 3 / 76	A	2	2	0	13	0	*	1	1
00460	M	10 / 14 / 90	F	3	1	0	3	0	0	9	1
00461	F	12 / 28 / 86	C	2	2	4,5	5	0	*	4	1
00462	M	6 / 11 / 87	B	4	2	4,5,6,7	3	0	*	9	9
00463	M	11 / 17 / 75	A	4	5	4,5,7	6	0	*	6	4
00464	M	2 / 11 / 90	C	5	4	6	3	0	*	3	1
00465	F	5 / 23 / 84	B	3	2	4,6	5	0	*	3	1
00466	F	5 / 24 / 92	B	5	4	6	3	0	*	9	*
00467	F	5 / 19 / 90		5	5	0	3	0	*	9	3
00468	M	7 / 10 / 92	C	6	6	4	3	0	0	9	1
00469	M	2 / 12 / 91	B	2	4	6,7	3	0	0	9	1
00470	M	7 / 1 / 92	F	5	5	5,6,7	3	0	*	9	1
00471	F	3 / 30 / 87	D	3	5	4	5	0	*	3	1
00472	F	4 / 29 / 92	F	6	1	0	3	0	*	9	*
00473	M	5 / 13 / 75	B	2	4	4	3	0	*	4	1

State: Georgia

OMB FORM No. 1820-
Exp. Date: 05/3

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf-Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Disabilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00475	M	5 / 13 / 75	D	1	4	5	3	0	*	4	1
00476	F	2 / 16 / 74	B	2	3	5	5	0	0	3	1
00477	F	9 / 11 / 89		5	4	5,6,8	4	0	0	4	3
00478	M	8 / 24 / 82	A	5	2	4,5,6,7	5	0	0	3	1
00479	M	5 / 24 / 84	E	5	6	4,5,7	5	0	0	3	1
00480	M	7 / 24 / 84	E	2	2	4	5	0	0	4	1
00482	M	1 / 19 / 79	A	2	4	7	0	0	0	2	1
00483	F	6 / 9 / 86	B	5	4	4,5,7	0	0	0	3	6
00484	F	6 / 9 / 93	B	5	5	4,5,6,7	0	0	5	0	1
00485	M	7 / 26 / 91	D	5	3	5	0	0	0	0	1
00486	F	6 / 2 / 92	E	5	5	0	0	0	0	0	3
00487	F	5 / 16 / 91	C	5	2	5,6	0	0	0	0	1
00488	F	2 / 14 / 91	C	5	2	7	5	0	0	0	1
00489	F	7 / 12 / 92	A	5	5	0	0	0	0	0	3
00490	M	3 / 30 / 92	C	2	4	5	0	0	0	0	1
00491	M	9 / 5 / 91	C	5	5	0	0	0	0	0	2
00492	F	8 / 25 / 91	C	5	5	7	0	0	0	0	1
00493	F	11 / 13 / 91	E	3	5	5,6,7	3	0	0	0	1
00494	F	2 / 7 / 91	C	2	1	5,6,7	3	0	0	0	1
00495	F	7 / 11 / 91	A	5	1	5,6,7	3	0	0	0	1
00496	F	2 / 13 / 92	A	1	3	5,6,7	3	0	0	0	2
00497	F	5 / 26 / 91	C	2	2	5,6,7	3	0	0	0	1
00498	F	10 / 6 / 92	F	6	6	0	3	0	0	0	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00499	F	3 / 9 / 91	F	5	1	5	3	0	0	0	1
00500	M	3 / 23 / 92	C	2	5	0	0	0	0	0	1
00501	F	2 / 24 / 99	E	2	4	5,7,8	3	0	0	0	2
00502	M	10 / 27 / 90	A	5	1	7	3	0	0	0	1
00503	F	3 / 23 / 92	F	6	1	6	3	0	0	0	1
00504	F	3 / 24 / 92	F	2	6	5,6,7	3	0	0	0	1
00505	M	9 / 5 / 90	A	2	4	5,7	3	0	0	0	1
00506	M	1 / 12 / 90	A	2	4	4,6,7	3	0	0	0	1
00507	F	4 / 6 / 91	C	3	3	5,6,7	3	0	0	0	1
00508	M	12 / 4 / 92	D	5	5	5,6	3	0	0	0	1
00509	F	1 / 15 / 93	A	3	5	6,7	3	0	0	0	1
00510	F	6 / 20 / 90	A	1	1	4,5,6	3	0	0	0	1
00511	M	2 / 2 / 92	B	2	3	5,6,7	3	0	0	0	1
00512	M	11 / 5 / 90	B	6	6	5,6,7	3	0	0	0	1
00513	M	6 / 16 / 91	B	3	3	5,6,7	3	0	0	0	1
00514	F	11 / 14 / 93	B	6	4	4,5,6,7,9	0	0	0	0	1
00515	F	1 / 19 / 92	C	5	6	0	3	0	0	0	1
00516	F	4 / 29 / 92	E	2	5	8	0	0	0	0	9
00517	M	11 / 21 / 91	E	3	5	5,6,7	3	0	0	0	1
00518	M	3 / 3 / 91	A	3	2	6	0	0	0	0	1
00519	F	8 / 2 / 91	B	2	1	4,5,6	3	0	0	0	1
00520	F	3 / 4 / 92	E	2	2	4,5,6,7	3	0	0	0	1
00521	M	2 / 6 / 90	A	2	3	4,6,7	3	0	0	0	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00522	M	4 / 9 / 92	A	2	5	4,5,6,7	3	0	0	0	1
00523	F	2 / 19 / 91	F	5	5	7	0	0	0	0	1
00550	F	7 / 27 / 78	C	1	3	4	0	0	0	3	2
00551	M	9 / 5 / 76	B	4	2	0	13	0	0	6	1
00552	f	2 / 21 / 91	e	2	5	6	0	0	0	3	1
00553	f	10 / 2 / 88	d	3	4		0	0	0	0	0
00554	m	3 / 3 / 78	b	3	5	4,5,6	3	0	0	3	0
00555	F	5 / 19 / 87	E	5	1	4	5	0	0	3	2
00556	f	11 / 6 / 75	A	1	3	6	0	0	0	0	0
00557	F	7 / 7 / 78	F	2	2	0	3	0	0	1	1
00558	F	5 / 24 / 80	E	2	1	4,5,7	5	0	0	3	1
00559	M	7 / 5 / 87	F	6	6	4	6	0	0	3	1
00560	f	2 / 21 / 91	B	1	4	4,7,	0	0	3	3	1
00560	F	4 / 2 / 86	C	6	4	4,5,6	2	0	0	3	1
00561	F	4 / 6 / 94	B	2	5	5,6,9	0	0	3	9	1
00562	F	11 / 18 / 93	A	3	5	6	0	0	3	9	1
00563	M	6 / 7 / 93	E	1	5	4,5,6,7	0	0	3	9	1
00564	M	9 / 11 / 93	C	1	4	5,6,9	0	0	3	9	1
00565	F	12 / 5 / 93	B	2	5	5,6,9	0	0	3	9	1
00566	M	12 / 15 / 93	A	5	2	5,6,7	0	0	3	9	1
00567	M	5 / 12 / 93	F	2	5	0	0	0	3	9	1
00568	M	12 / 19 / 93	B	5	3	5,6,9	0	0	3	9	1
00569	F	6 / 30 / 93	A	5	3	6,9	0	0	3	9	1

Code Number of Child (1)	Sex of Child (m/f) (2)	Date of Birth (m/d/y) (3)	Mj. Cause Deaf- Blindness (4)	Degree Loss of Vision (5)	Degree Loss of Hearing (6)	Other Dis- abilities (7)	Child Count Reported		Receiving Part H Services (10)	Setting of Services	
							Part B (8)	Chapter I (9)		Education (11)	Living (12)
00570	F	2 / 24 / 92	A	2	3	6,8,9	0	0	3	9	9
00571	M	7 / 21 / 92	C	5	4	6,9	0	0	3	9	1
00572	M	3 / 24 / 94	F	5	2	0	0	0	3	9	1
00573	F	11 / 24 / 93	B	2	2	5,6	0	0	3	9	1
00574	F	12 / 14 / 93	D	5	4	5,6	0	0	3	9	1
00575	M	3 / 25 / 92	A	1	2	5,6,9	0	0	3	9	1
00576	F	3 / 23 / 94	C	5	5	9	0	0	3	9	1
00577	M	11 / 3 / 93	F	3	2	5,9	0	0	3	9	1
00578	F	12 / 21 / 92	F	3	2	5,6,7	0	0	3	9	1
00579	M	10 / 14 / 93	C	3	1	6	0	0	3	9	1

INITIAL TRAINING DATA OF PARENT ADVISORS

INSITE PRE/POST TRAINING SELF EVALUATION
- KNOWLEDGE -

Location AASD

Trainer _____

Date 6/94

Student I.D. # _____

1. What it means to have a partnership between parents and professionals in an early home intervention program
2. The rationale for working with families of infants and very young children in the home environment
3. The complete INSITE home intervention program for young children with multidisability sensory impairments
4. Who is the young child with multidisability sensory impairments for whom INSITE is designed; what are the special needs of the child and family
5. How do sensory impairments impact learning and development
6. Role and characteristics of an effective parent advisor
7. Issues in working with the family; e.g., values, cultural background, stress in the family, mourning process
8. Issues in gathering information from families on their resources, concerns, and priorities
9. Purpose and features of an INSITE home visit
10. How the INSITE Developmental Checklist is used in a home visit program
11. Aspects of communication, and bonding (social relationships) affected by a multidisability sensory impairment
12. What are signals, cues, gestures, and coactive sign
13. The importance of touch and tactile activities
14. Motor impairments -- what they are and how they are addressed in a home-based program; positioning and handling, working with therapists
5. Addressing daily care needs of the child
6. Hearing and hearing aids

Perception of your
own Knowledge

	Little			Great
--	--------	--	--	-------

- | | | | | |
|----|---|-----|-----|-----|
| 1 | 2 | 3 | (4) | 5 |
| 2 | 2 | 3 | 4 | (5) |
| 3 | 2 | 3 | (4) | 5 |
| 4 | 2 | 3 | 4 | (5) |
| 5 | 2 | 3 | 4 | (5) |
| 6 | 2 | 3 | 4 | (5) |
| 7 | 2 | 3 | 4 | (5) |
| 8 | 2 | 3 | 4 | (5) |
| 9 | 2 | 3 | (4) | 5 |
| 10 | 2 | 3 | (4) | 5 |
| 11 | 2 | 3 | (4) | 5 |
| 12 | 2 | 3 | 4 | (5) |
| 13 | 2 | 3 | 4 | (5) |
| 14 | 2 | (3) | 4 | 5 |
| 5 | 2 | 3 | (4) | 5 |
| 6 | 2 | 3 | (4) | 5 |

ON-SITE Pre/Post Training Self Evaluation - Knowledge, Cont.

17. Early auditory development and training
18. Vision impairments, their implication and treatment
19. Early visual development and vision training
20. Early development of orientation and mobility
21. Early cognitive development
22. Value of collecting and reporting demographic and child/parent progress data

Perception of your own Knowledge				
Little				Great
1	2	3	(4)	5
1	2	3	(4)	5
1	2	3	(4)	5
1	2	3	(4)	5
1	2	3	(4)	5
1	2	3	(4)	5

INSITE PRE/POST TRA SELF EVALUATION
- COM NCY -

Location _____ Trainer _____ Date _____ Student I.D. # _____

		Perception of your own Competency				
		Little			Great	
1.	How to work in a partnershiping relationship with families in the home environment meet the needs of a very young child with a disability	1	2	3	(4)	5
2.	How to gather information from the family, in a sensitive and respectful manner, on its resources, concerns, and priorities	1	2	3	(4)	5
3.	How to help a family set relevant child and family goals and then implement them in an integrative manner	1	2	3	(4)	5
4.	How to plan and carry out an effective home visit	1	2	3	(4)	5
5.	Helping families develop an environment that fosters child-family communication and relationships (social aspect)	1	2	3	(4)	5
5.	Helping families develop communication appropriate to the child's level	1	2	3	(4)	5
7.	Helping families manage the child's hearing aids	1	2	(3)	4	5
8.	Helping families facilitate the child's optimal development of auditory functioning	1	2	3	(4)	5
9.	Helping families facilitate the child's development of visual functioning	1	2	3	(4)	5
10.	Helping families facilitate skill development in orientation and mobility	1	2	3	(4)	5
11.	Helping families facilitate the child's cognitive development through play	1	2	3	(4)	5
12.	Helping families use appropriate positioning and handling throughout daily routines and activities	1	2	3	(4)	5
13.	Helping families facilitate the child's advancement in developmental areas such as gross and fine motor, self care, social, and tactile	1	2	3	(4)	5
14.	Individualizing plans and activities with specific families and children	1	2	3	4	(5)
15.	Enhancing the family's own ability to find and use support services and resources	1	2	(3)	4	5
16.	How to collect and report demographic and child/parent progress data	1	2	(3)	4	5
17.	Using the INSITE Developmental Checklist with families to assess the child's development	1	2	3	(4)	5

DEAF-BLIND EARLY INTERVENTION PRE-TRAINING SELF EVALUATION
FEBRUARY 1994

	1	2	3	4	5	μ
Partnership between parents and professionals in early home program		2	6	9	3	3.65
Rationale for working with families of infants in home environment		2	4	1 0	3	3.74
Complete INSITE home intervention program with multidisability sensory impairments	1 0	7	1	1		1.63
Who is the young child with multidisability sensory impairment for whom INSITE is designed; what are the special needs of the child and family	2	8	7	2		2.47
How do sensory impairments impact learning and development	2		6	8	3	3.53
Role and characteristics of an effective parent advisor	5	4	4	5	1	2.63
Issues in working with the family (values, cultural background, stress, mourning)	2	3	5	8	1	3.16
Issues in gathering information from families on their resources, concerns, priorities	2	5	4	7	1	3.00
Purpose and features of an INSITE home visit	9	5	1	4		2.00
How the INSITE Developmental Checklist is used in a home visit program	12	5	2			1.47
Aspects of communication, and condng affected by a multidisability sensory impairment	2	3	8	6		2.95
What are signals, cues, gesutres and coactive sign	3	5	6	4	2	2.85
The importance of touch and tactile activities		2	4	9	4	3.79
Motor impairments-what they are and how they are addressed in home based program, positioning and handling, working with therapists	1	2	8	5	3	3.37
Addressing daily care needs of the child	2	3	6	7	1	3.11
Hearing and hearing aids	7	6	4		1	2.00
Early auditory development and training	9	5	2	2		1.83
Vision impairments, their implication and treatment	2	7		7	1	2.88
Early visual development and vision training	6	3	1	6	1	2.59
Early development of orientation and mobility	8	1	2	5	2	2.56
Early cognitive development	1	1	5	10		3.41
Value of collecting and reporting demographic and child/parent progress data		4	5	8		3.24
How to work in partnership relationship with families in home environment meet the needs of a very young child with a disability	1	5	4	6	1	3.06
How to gather information from the family in a sensitive and respectful manner on its resources, concerns, and priorities	1	5	5	4	2	3.06
How to help family set relevant goals and implement them in an integrative manner	1	5	6	5		2.88
How to plan and carry out an effective home visit	3	1	6	5	2	3.12
Helping families develop an environment that fosters child/family communication and relationships (social aspect)	3	4	7	3	1	2.72
Helping families develop communication appropriate to the child's level	3	3	6	5	1	2.89
Helping families manage the child's hearing aids	11	4	1		1	1.59
Helping families faciliate child's optimal development of auditory functioning	10	3	3		1	1.76
Helping families facilitate the child's development of visual functioning	8	1	2	5	1	2.41
Helping families facilitate skill development in orientation and mobility	6	4	3	3	1	2.35
Helping families facilitate the child's cognitive development through play	1		7	8	1	3.47
Helping families use appropriate positioning and handling throughout daily routines and activities	2	7	6	2	1	2.61
Helping families facilitate child's advancement in developmental areas such as gross/fine motor, self care, social and tactile	1	3	5	6	2	3.29
Individualizing plans and activities with specific families and children		4	5	6	2	3.35
Enhancing the family's own ability to find and use support services and resources	1	3	6	7		3.12

How to collect and report demostraphic and child/parent progress data	5	2	4	6		2 65
Using the INSITE Developmental Checklist with families to assess development	12	3	2			1 41

DEAF-BLIND EARLY INTERVENTION POST-TRAINING SELF EVALUATION
JUNE 1994

	1	2	3	4	5	μ
Partnership between parents and professionals in early home program				6	5	4.45
Rationale for working with families of infants in home environment			1	5	5	4.36
Complete INSITE home intervention program with multidisability sensory impairments				8	3	4.27
Who is the young child with multidisability sensory impairment for whom INSITE is designed; what are the special needs of the child and family				1	10	4.91
How do sensory impairments impact learning and development				2	9	4.82
Role and characteristics of an effective parent advisor				5	6	4.55
Issues in working with the family (values, cultural background, stress, mourning)				5	6	4.55
Issues in gathering information from families on their resources, concerns, priorities				5	6	4.55
Purpose and features of an INSITE home visit				3	7	4.71
How the INSITE Developmental Checklist is used in a home visit program				6	5	4.45
Aspects of communication, and condng affected by a multidisability sensory impairment				5	6	4.55
What are signals, cues, gesutres and coactive sign			1	5	5	4.36
The importance of touch and tactile activities			1	5	5	4.36
Motor impairments-what they are and how they are addressed in home based program, positioning and handling, working with therapists			2	6	3	4.09
Addressing daily care needs of the child			1	5	5	4.36
Hearing and hearing aids			1	5	5	4.36
Early auditory development and training			2	6	3	4.09
Vision impairments, their implication and treatment			2	5	4	4.18
Early visual development and vision training			3	5	3	4.00
Early development of orientation and mobility		1	5	3	2	3.55
			1	7	2	4.10
Value of collecting and reporting demographic and child/parent progress data				5	6	4.55
How to work in partnership relationship with families in home environment meet the needs of a very young child with a disability				6	5	4.45
How to gather information from the family in a sensitive and respectful manner on its resources, concerns, and priorities				6	5	4.45
How to help family set relevant goals and implement them in an integrative manner		1		7	3	4.09
How to plan and carry out an effective home visit			1	6	4	4.27
Helping families develop an environment that fosters child/family communication and relationships (social aspect)			1	6	4	4.27
Helping families develop communication appropriate to the child's level			1	6	4	4.27
Helping families manage the child's hearing aids		1	1	5	4	4.09
Helping families faciliate child's optimal development of auditory functioning		1		5	5	4.27
Helping families facilitate the child's development of visual functioning		1		5	5	4.27
Helping families facilitate skill development in orientation and mobility		1	2	5	3	3.91
Helping families facilitate the child's cognitive development through play				7	4	4.36
Helping families use appropriate positioning and handling throughout daily routines and activities			3	4	4	4.09
Helping families facilitate child's advancement in developmental areas such as gross/fine motor, self care, social and tactile				7	4	4.36
Individualizing plans and activities with specific families and children			1	5	5	4.36
Enhancing the family's own ability to find and use support services and resources			3	5	3	4.00
How to collect and report demostraphic and child/parent progress data		1	2	4	4	4.00

Using the INSITE Developmental Checklist with families to assess development			1	5	5	4.36

DEAF-BLIND EARLY INTERVENTION PRE-TRAINING SELF EVALUATION
FEBRUARY 1995

	1	2	3	4	5	
Partnership between parents and professionals in early home program	1	1	4	5	3	3.57
Rationale for working with families of infants in home environment	1	1	6	4	2	3.36
Complete INSITE home intervention program with multidisability sensory impairments	8	4	2			1.57
Who is the young child with multidisability sensory impairment for whom INSITE is designed; what are the special needs of the child and family	1	8	5			2.29
How do sensory impairments impact learning and development?		3	5	6		3.21
Role and characteristics of an effective parent advisor		8	4	1	1	2.64
Issues in working with the family (values, cultural background, stress, mourning)		4	6	4		3.00
Issues in gathering information from families on their resources, concerns, priorities	3	5	4	2		2.36
Purpose and features of an INSITE home visit	7	3	2	2		1.93
How the INSITE Developmental Checklist is used in a home visit program	1 0	3	1			1.36
Aspects of communication, and conding affected by a multidisability sensory impairment	1	6	2	5		2.79
What are signals, cues, gestures and coactive sign	5	5	1	3		2.14
The importance of touch and tactile activities		5	3	5	1	3.14
Motor impairments-what they are and how they are addressed in home based program; positioning and handling, working with therapists	2	6	1	4	1	2.71
Addressing daily care needs of the child	2	6	2	3	1	2.64
Hearing and hearing aids	6	3	6	1	2	2.44
Early auditory development and training	6	4	3		1	2.00
Vision impairments, their implication and treatment	2	6	4	2		2.43
Early visual development and vision training	2	7	3	1		2.23
Early development of orientation and mobility	5	7	2			1.79
Early cognitive development	1	3	5	4	1	3.07
Value of collecting and reporting demographic and child/parent progress data	2	3	6	1	2	2.86
How to work in partnership relationship with families in home environment meet the needs of a very young child with a disability	2	3	5	3	1	2.86
How to gather information from the family in a sensitive and respectful manner on its resources, concerns, and priorities	2	4	2	5	1	2.93
How to help family set relevant goals and implement them in an integrative manner	2	6	3	2	1	2.57
How to plan and carry out an effective home visit	2	6	2	2	1	2.54
Helping families develop an environment that fosters child/family communication and relationships (social aspect)	1	5	4	2	1	2.77
Helping families develop communication appropriate to the child's level	2	2	4	4	1	3.00
Helping families manage the child's hearing aids	6	4	3		1	2.00
Helping families facilitate child's optimal development of auditory functioning	6	4	3		1	2.00
Helping families facilitate the child's development of visual functioning	4	5	3	2		2.21
Helping families facilitate skill development in orientation and mobility	5	3	5	1		2.14
Helping families facilitate the child's cognitive development through play	2		4	7	1	3.36
Helping families use appropriate positioning and handling throughout daily routines and activities	3	5	2	2	2	2.64

Helping families facilitate child's advancement in developmental areas such as gross/fine motor, self care, social and tactile		4	6	2	2	3.14
Individualizing plans and activities with specific families and children	1	2	3	5	3	3.50
Enhancing the family's own ability to find and use support services and resources	1	6	4	3		2.64
How to collect and report demographic and child/parent progress data	2	6	4	1	1	2.50
Using the INSITE Developmental Checklist with families to assess development	8	4	1	1		1.64

WORKSHOP EVALUATION

1. Compared to other workshops I have attended, this workshop is in the:
(1) Top 10% (2) Top 25% (3) Bottom 25% (5) Bottom 10%
2. The stated workshop objectives corresponded closely to what has actually been done:
(1) Agree (2) Disagree (3) Don't Know
3. Compared to the instructional staff of other programs, I would rate the instructional staff of this program as being in the:
(1) Top 10% (2) Top 25% (3) Bottom 25% (5) Bottom 10%
4. Did this program actually meet your expectations? Yes No
5. Would you recommend this program to a colleague? Yes No
6. Did you have enough information about this program before you arrived? Yes No
7. If the answer to #6 is no, please circle the item for which you required additional information.
(1) Registration (2) Lodging/Food Services (3) Location/Facility
(5) Content (6) Other _____
8. If I had a choice, I would/would not (circle one) take a program from this instructor again because:
9. I feel adequately prepared to apply the subjects covered:
(1) Agree (2) Disagree (3) Don't Know
10. What were the best aspects about this workshop (facilities, audio-visuals, scheduling, etc.)?
11. Describe the most valuable instructional ideas that you received from attending this workshop.
12. How could this same program be improved when it is offered again?
13. What additional topics would you like covered in subsequent workshops?

GA PINES INSITE TRAINING EVALUATION 1992-93

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the:	11	2	1		
Compared to instructional staff of other program the instructional staff of this program is:	11	2	1		

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives corresponded closely to what has been done	14			
I feel adequately prepared to apply subjects covered:	14			

	YES	NO	
Did this program meet expectations	14		
Would you recommend this program to colleague	14		
Did you have enough information about this program prior to arrival	12	2	

GA PINES INSITE TRAINING EVALUATION 1995

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the	8	4			
Compared to instructional staff of other program the instructional staff of this program is:	9	3			

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives orresponded closely to what has been done	12			
I feel adequately prepared to apply subjects covered:	10	1	1	

	YES	NO	
Did this program meet expectations	11	1	
Would you recommend this program to colleague	12		
Did you have enough information about this program prior to arrival	11	1	

GA PINES INSITE TRAINING EVALUATION 1995

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the	8	7			
Compared to instructional staff of other program the instructional staff of this program is:	5	4			

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives corresponded closely to what has been done	13			
I feel adequately prepared to apply subjects covered:	13			00

	YES	NO	
Did this program meet expectations	14		
Would you recommend this program to colleague	16		
Did you have enough information about this program prior to arrival	11	2	

Evaluation of On-site Workshops

Name of Workshop _____ Location _____

Dates _____ Instructor _____

Student ID# _____ (last 4 digits of social security #)

Evaluation of the Workshop

Did the W/S generally meet your expectations Yes No

Comment

How do you rate the overall workshop

Length of Workshop 1 2 3 4 5
Comment

Teaching Materials/handouts 1 2 3 4 5

Videos and other Media 1 2 3 4 5

Geographic Location 1 2 3 4 5

Facilities 1 2 3 4 5

Did you receive information about
the workshop before you arrived 1 2 3 4 5

Practical application of content 1 2 3 4 5

Overall I would rate this workshop 1 2 3 4 5

What I liked Best
Comment

What I liked least
Comment

Overall evaluation of the instructor:

Circle one. My instructor was: zzzzzz Okay Terrific Awesome!

Please rate the instructor in the following areas:

	<u>Lowest</u>			<u>Highest</u>	
Knowledge of subject	1	2	3	4	5
Preparedness	1	2	3	4	5
Manner of presentation	1	2	3	4	5
Clarity and understandability	1	2	3	4	5
Encouraging student participation	1	2	3	4	5
Responsiveness to questions/needs	1	2	3	4	5
Fairness	1	2	3	4	5

What do you like about the instructor?

How can this instructor be more effective?

STUDENT DEMOGRAPHIC INFORMATION

SKI*HI Institute

Please check those items that apply and write any comments you wish.

Highest Degree earned:

- ☐ BS or BA
☐ MS or MA
☐ PhD or EdD
☐ Other _____

Area of specialty:

- ☐ Hearing Impaired
☐ Special education
☐ Speech & Language
☐ Early childhood
☐ Audiology
☐ Multi-Handicapped/Deaf Blind
☐ Other _____

Area of disability you now teach in:

- ☐ Hearing impaired
☐ Visual impairment
☐ Multi-handicapped
☐ Non catagorical
☐ deaf blind
☐ Other _____

Geographic area where you teach:

- ☐ Urban
☐ Inner City
☐ Rural
☐ Suburban
☐ Other _____

Level or Grade now teach in:

- ☐ Birth to 3
☐ 3-5
☐ Elementary
☐ Middle School
☐ Secondary
☐ Non graded
☐ Other _____

Years of teaching _____

INSITE TRAINING WORKSHOP EVALUATION
MAY 1993

	1	2	3	4	5	MEAN
Length of Workshop		1	5	1	3	3.60
Teaching Materials/Handouts			2	2	6	4.40
Videos and Other Media		1		2	7	4.50
Geographic Location			1	2	7	4.60
Receive Information prior to arrival			1	1	8	4.70
Practical Application of Content	2		3	6	5	3.75
Overall Rating			1	3	6	4.50

	1	2	3	4	5	MEAN
Knowledge of Subject				3	6	4.67
Preparedness				6	4	4.40
Manner of Presentation			2	4	4	4.20
Clarity and Understandability			2	3	5	4.30
Encouraging Student Participation			2	1	7	4.50
Responsiveness fo Questions/Needs			1	2	7	4.60
Fairness				3	7	4.70

Key:

5 = excellent
1 = poor

INSITE TRAINING WORKSHOP EVALUATION 1994

	1	2	3	4	5	MEAN
Length of Workshop			4	7	4	4.0
Teaching Materials/Handouts	1			5	9	4.4
Videos and Other Media			1	6	8	4.47
Geographic Location	1		1	4	9	4.33
Receive Information prior to arrival			3	2	9	4.33
Practical Application of Content	1			6	8	4.33
Overall Rating	1			8	6	4.2

	1	2	3	4	5	MEAN
Knowledge of Subject				3	12	4.8
Preparedness			1	5	8	4.2
Manner of Presentation			1	5	9	4.53
Clarity and Understandability				7	8	4.53
Encouraging Student Participation			1	6	8	4.46
Responsiveness fo Questions/Needs				4	11	4.67
Fairness				3	12	4.8

Key
 5 = excellent
 1 = poor

INITIAL TRAINING DATA OF THERAPY ADVISORS

GA PINES PT/OT WORKSHOP EVALUATION 1992

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the:	6	2			
Compared to instructional staff of other program the instructional staff of this program is:	6	2			

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives corresponded closely to what has been done	8			
I feel adequately prepared to apply subjects covered:	8			

	YES	NO	MEAN
Did this program meet expectations	8		
Would you recommend this program to colleague	8		
Did you have enough information about this program prior to arrival	7	1	

GA PINES PT/OT WORKSHOP EVALUATION 1993

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the:	5		1		
Compared to instructional staff of other program the instructional staff of this program is:	5		1		

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives corresponded closely to what has been done	6			
I feel adequately prepared to apply subjects covered:	6			

	YES	NO	MEAN
Did this program meet expectations	6		
Would you recommend this program to colleague	6		
Did you have enough information about this program prior to arrival	6		

GA PINES PT/OT WORKSHOP EVALUATION 1995

	Top 10%	Top 25%	Bottom 25%	Bottom 10%	
Compared to other workshops this workshop is in the:	8	7			
Compared to instructional staff of other program the instructional staff of this program is:	11	4			

	1 Agree	2 Disagree	3 Don't Know	
The workshop objectives corresponded closely to what has been done	14		1	
I feel adequately prepared to apply subjects covered:	13	1	1	

	YES	NO	
Did this program meet expectations	15		
Would you recommend this program to colleague	15		
Did you have enough information about this program prior to arrival	13	2	

Training Evaluation 92-95

1. What were the best aspects about this workshop (facilities, audio-visuals, scheduling, etc)?

Instructors, facilities

Audiovisual were quite good. I am sure that the handouts are great but haven't had the chance to read these yet.

The facility was beautiful. Great audio visual. Instructors were very warm. Food was great.

The combination of all these together

Instructors

All aspects good

Instructors, materials

VCR tapes well selected, organized format, frequent examples of clients were interesting.

Scheduling, handouts and materials to take with us, videotapes.

Life stories, visitors, scheduling, labs

Audiovisuals, discussions following child observation.

Audio visuals exchange of ideas, questions throughout sessions between participants and presenters.

Instructors, materials.

All plus food. I especially appreciated the simulation experiences

Price, audio visuals, overall good information

The theory combined with practical and demo's

Instructors, audio visual.

Audiovisuals, videotapes

Audiovisuals hearing loss tape, videos

Schedule a good time. Videos showed types of children and treatment GA Pine provides.

Facilities, instructors, material presentation.

Info was interesting. Everything was most graciously presented.

Simulation, hearing aides, vision.

Knowledge of staff, audio visuals.

Instructors.

Demo with children.

2. How could this same program be improved when it is offered to new consulting therapists?

At times, info was very basic almost too basic to a therapist who has been working with children.

It was great like it is. A lot of information.

Maybe more hand on.

It might have been best to discuss the new manuals rather than request the group "seek-find" the material in many resources.

Maybe a chance to read briefly through some of the instructional materials prior to the workshop. But not really necessary.

A little more time on the curriculum.

Have children come earlier on day three so we're not so tired. Give clearer idea of what we should look for when evaluating kids pertaining to visual/hearing.

Would like Thurs/Fri/Sat instead of Fri/Sat/Sun.

Handouts need to coincide better with the lecture. Often I didn't know where you were.

Video of home visit.

Have handouts in notebooks match speaker topics; give out copy of motor impairments section of the insite model notebook. Have better copies of handouts a lot of them were fuzzy or running off the page.

Have handouts in notebooks match speaker topics, give out copy of motor impairments section of the insite model

More detail on the type of home intervention we are to provide

Child practicum on the second day, notebook organization difficult to follow

Improvement is, of course, always possible

List of support services More treatment ideas in the areas

All topics seemed to be covered fully

More organized notebook

COORDINATOR EVALUATION OF PARENT ADVISORS AND THERAPY ADVISORS

INSITE PARENT ADVISOR EVALUATION

Parent Advisor _____
 Date _____
 Family Visited _____
 Address _____

Signature _____
 Supervisor _____

Professional Skills Observed in Home Visit

1. Preparedness/Lesson Plans Demonstrates preparedness

Writes objectives appropriate
for needs of child

Creates workable objectives

Demonstrates ability to
change plans if necessary

Presents material with ease

Organizes materials

Demonstrates knowledge of
materials presented

Demonstrates creativity in
activities

Models for parents

Involves parents in
activities and/or child's
goals

Provides opportunities for
parents to gain knowledge
and skills

Provides weekly challenges to
parents which are realistic
in terms of family situation

Needs Considerable
 Improvement
 Needs Improvement
 Satisfactory
 Competent
 Excellent

Comments

2. Rapport and Interpersonal

Skills

Listens to parent or caregiver

Responds with sensitivity to family's concerns/needs

Prompt and dependable

Enthusiastic

Flexible

Punctual

General Skills

Encourages parental empowerment

Gives positive feedback when appropriate

Is willing to aid in locating resources for child and family

Promotes overall parent involvement

Adapts presentations/ demonstrations to language level and needs of parent(s)

3. Overall Interpersonal Skills

With parent(s) or caregiver

With child

With supervisor

Needs Considerable
Improvement
Needs Improvement
Satisfactory
Competent
Excellent

Comments

IFSP

Comments

PARENT ADVISOR EVALUATIONS 1992

	Excellent 3	Good 2	Fair 1	Mean
Interpersonal Skills				
1. With Parent	16	3		2.84
2. With Child	16	2		2.66
3. With Supervisor	16			3.00
Ability Receive Criticism	13			3.00
4. With Other Professional Working in Home	3	2		2.60
Home Visit				
1. Preparedness/Lesson Plans	13	3		2.81
2. Ease of Presentation	12	2		2.85
3. Ability to Communicate	13	2		2.85
4. Use of Materials	8	5		2.61
5. Creativity	6	4		2.60
6. Punctuality	6	4		2.60
7. Enthusiasm	10	3		2.76
8. Organization of Materials	10	5		2.66
9. Knowledge Materials Presented	10	5		2.66
10. Challenges	10	2		2.83
11. Models for Parent	9	3		2.75
GA PINES OFFICE				
1. Punctuality	13	5		2.55
2. Uses forms Correctly	13	5		2.55
3. Lesson Plans	12	5		2.70
4. Assessment	12	6		2.66

PARENT ADVISOR EVALUATIONS 1992

1. Preparedness/Lesson Plans	Excellent 4	Competent 3	Satisfactory 2	Needs Improvement 1	MEAN
Demonstrates Preparedness	13	3			3.81
Writes Objectives appropriate	10	2			3.83
Creates Workable Obj.	11	2			3.84
Demonstrates ability change plans	12				4.00
Presents Materials Easily	12	2			3.85
Organizes Materials	10	1			3.90
Demonstrates Knowledge of Materials	12	1			3.92
Demonstrates Creativity in Activities	9	5			3.64
Models for Parents	13	1			3.92

Involves Parents in Activities/Goals	16	1			3.94
Provides Opportunities for Parents Gain Skills	13	3			3.81
Provides Weekly Changes that are Realistic	11	2			3.84
2. Rapport Interpersonal Skills					
Listens to Parents/Caregivers	15	2			3.88
Responds with Sensitivity to Needs	14	2			3.87
Prompt and Dependable	16	1			3.94
Enthusiastic	16	1			3.94
Flexible	16	1			3.94
Punctual	16	1			3.94
General Skills					
Encourages Parental Empowerment	16	2			3.88
Gives Positive Feedback	13	3			3.81
Locates Resources Family/Child	13	2			3.86
Promotes Parent Involvement	13	2			3.86
Adapts to Language Level Parents	12	1			3.92
3. Overall Interpersonal Skills					
Interpersonal Skills Parent	15				4.00
IS with Child	15				4.00
IS with Supervisor	15				4.00
4. Communication to GA Pines Office					
Punctuality	13	2			3.86
Uses Forms Correctly	13	2			3.86
Lesson Plans	13	2			3.86
Assessment	13	2			3.86
IFSP	13	2			3.86

PARENT ADVISOR EVALUATIONS 93-94

1. Preparedness/Lesson Plans	Excellent 4	Competent 3	Satisfactory 2	Needs Improvement 1	MEAN
Demonstrates Preparedness	8	4		1	3.46
Writes Objectives appropriate	8	2		1	3.54
Creates Workable Obj.	9	1		1	3.63
Demonstrates ability change plans	9				1.00
Presents Materials Easily	10	1		1	3.66
Organizes Materials	8	1		1	3.27
Demonstrates Knowledge of Materials	11			1	3.75
Demonstrates Creativity in Activities	9	1		1	3.63
Models for Parents	10	1		1	3.66
Involves Parents in Activities/Goals	13		1		3.85
Provides Opportunities for Parents Gain Skills	11	3			3.78
Provides Weekly Changes that are Realistic	9	2		1	3.58
2. Rapport Interpersonal Skills					
Listens to Parents/Caregivers	14	1	1		3.87
Responds with Sensitivity to Needs	15	1			3.93
Prompt and Dependable	15				4.00
Enthusiastic	15	1			3.93
Flexible	13	1			3.85
Punctual	15				4.00
General Skills					
Encourages Parental Empowerment	11	3			3.78
Gives Positive Feedback	11	2			3.84
Locates Resources Family/Child	14	1			4.76
Promotes Parent Involvement	12	2	2		3.62
Adapts to Language Level Parents	13				4.00
3. Overall Interpersonal Skills					
Interpersonal Skills Parent	15	1			3.93
IS with Child	16				4.00
IS with Supervisor	16				4.00
4. Communication to GA Pines Office					
Punctuality	12	2	1		3.73
Uses Forms Correctly	12	3			3.80
Lesson Plans	12	2	1		3.73
Assessment	12	3			3.80
IFSP	13	1			3.92

PARENT ADVISOR EVALUATIONS 94-95

1. Preparedness/Lesson Plans	Excellent 4	Competent 3	Satisfactory 2	Needs Improvement 1	MEAN
Demonstrates Preparedness	5	1	4	1	2.90
Writes Objectives appropriate	7		3		3.40
Creates Workable Obj	6		1		3.71
Demonstrates ability change plans	6		1		3.71
Presents Materials Easily	6	1	2	1	3.20
Organizes Materials	6	1	3		3.30
Demonstrates Knowledge of Materials	7	1	2	1	3.27
Demonstrates Creativity in Activities	6	1	2		3.44
Models for Parents	9		2		3.63
Involves Parents in Activities/Goals	12	2			3.85
Provides Opportunities for Parents Gain Skills	11	3			3.78
Provides Weekly Changes that are Realistic	11				4.00
2. Rapport Interpersonal Skills					
Listens to Parents/Caregivers	12	2			3.85
Responds with Sensitivity to Needs	12	3			3.80
Prompt and Dependable	12	2			3.85
Enthusiastic	13	2			3.86
Flexible	12	2			3.85
Punctual	12	2			3.85
General Skills					
Encourages Parental Empowerment	11	2			3.84
Gives Positive Feedback	11	1			3.91
Locates Resources Family/Child	11	2			3.84
Promotes Parent Involvement	11	2			3.84
Adapts to Language Level Parents	10	1	1		3.75
3. Overall Interpersonal Skills					
Interpersonal Skills Parent	14	1			3.93
IS with Child	13				4.00
IS with Supervisor	13	1			3.92
4. Communication to GA Pines Office					
Punctuality	7	5			3.58
Uses Forms Correctly	5	6			3.45
Lesson Plans	6	6			3.50
Assessment	6	5			3.54
IFSP	5	5			3.50

Name _____

Date _____

Checklist of Physical/Occupational Therapy Consultant Skills

Instructions: (1) Therapy Consultant will fill out prior to supervisory visit (optional)

(2) Supervisor will fill out after the visit

Rate Skills: 1 = unsatisfactory; 2 = fair, 3 = good, 4 = very good, 5 = excellent. When there is no opportunity to observe a skill, rate as NO.

Intake:

- _____ Makes initial appointment with parent advisor and family promptly after receiving referral.
- _____ Has parent fill out consent form at first visit.
- _____ Obtains physician consent form promptly, with follow-up as necessary.
- _____ Completes initial evaluation within two-three sessions.
- _____ Completes initial evaluation report within one month post referral.
- _____ Follows general format for initial evaluation report.
- _____ Completes six-month follow-up reports.
- _____ Assists family in scheduling any needed diagnostic services.

Home Visit Procedures:

- _____ Demonstrates reliability in making/keeping schedules.
- _____ Periodically schedules joint visits with the parent advisor.

Home Visit Appointments:

- _____ Follows an appropriate plan during home visits.
- _____ Breaks objectives/concepts into manageable and functional units or steps.
- _____ Leaves meaningful, functional challenges for parents/parent advisors.
- _____ Informs family of specific services and materials available through the Ga. PINES Program (e.g., adaptive equipment).
- _____ Follows program procedures for checkout of program materials.
- _____ Correctly prescribes necessary adaptive equipment.

- _____ Assists family in procuring needed adaptive equipment (through the program for short-term loan or elsewhere for long-term purchase).
- _____ Correctly completes weekly reports.
- _____ Correctly completes monthly expense statements.
- _____ Consistently sends all appropriate forms to the Ga. PINES office on time.

Rapport:

- | | |
|---------------------------|-----------------------------------|
| _____ consultant & family | _____ consultant & parent advisor |
| _____ consultant & child | _____ consultant & supervisor |
- _____ Matches language and style to family.
 - _____ Is alert to parents' indications of feelings/concerns.
 - _____ Empathizes with and normalizes parents' feelings/concerns.
 - _____ Reacts non-judgmentally.
 - _____ Reinforces appropriately and specifically.
 - _____ Involves all those present during home visit.
 - _____ Keeps parents on task tactfully.
 - _____ Solicits and includes parents' and parent advisor's needs/input into plan.

Promoting Independence and Generalization:

- _____ Gives parents options and choices.
- _____ Encourages parents to initiate solutions.
- _____ Encourages parents to think how skill can be used in other ways/situations.
- _____ Gives parents credit for improvement/innovation.
- _____ Involves parents/parent advisor in planning future home visits.

Teaching:

- _____ Demonstrates knowledge and understanding of material to be taught.
- _____ Is adequately prepared for home visit.
- _____ Chooses activities/experiences appropriate for child's needs.

- _____ Reviews skill(s) with parents/parent advisor - rationale, objectives, importance to parents, parent advisor, and child.
- _____ Involves parents/parent advisor in choice of activity or experience to teach skill.
- _____ Places child in "maximum-potential" environment, including physical positioning and sensory stimulation.
- _____ Models skill to parents/parent advisor using activity or experience with child.
- _____ Observes parent practicing skill using activity and child.
- _____ Makes any necessary corrections in parents'/parent advisor's performance.
- _____ Accepts appropriate input/suggestions from parents/parent advisor concerning activities and adapts activities accordingly.
- _____ Writes challenge for the week together with parent/parent advisor.
- _____ Is a good example of skills parent needs to learn.
- _____ Answers parents'/parent advisor's questions adequately.

Comments:

Signature (Supervisor)

Date

Signature (Therapy Consultant)

Date

OT/PT CONSULTANT SKILLS- 1993-1994

1= unsatisfactory, 5= excellent

	5	4	3	2	1	Mean
Prompt initial appt.	4	5	1			4.3
Consent filled out first	5	4	1			4.4
Prompt M.D. consent	5	4	1			4.4
Completes initial eval. in 2-3 sessions	4	5	1			4.3
Completes initial eval. report within 1 month	3	6	1			4.2
Follows eval format	3	6	1			4.2
Completes 6 mon. follow-up reports	3	4	2	1		3.9
Assists scheduling diagnostic services	4	4	2			4.2
Reliable in keeping schedules	7		3			4.4
Schedule joint visits with PA		5	4	1		3.4
Follows appropriate home visit plan	6	3		1		4.4
Breaks objectives into manageable & functional units	7	2	1			4.6
Leaves meaningful, functional challenges	4	5		1		4.2
Informs family of specific available materials	4	3	2			4.2
Follows program procedures	2	5				4.3
Prescribes necessary adaptive equip.	2	7				4.2
Assists in procuring adaptive equip.	1	7	1			4.0
Correctly completes weekly reports	4	4	1			4.3
Correctly completes expense statements	4	4	1			4.3
Consistently sends all forms	3	5		1		4.1
Rapport with family	4	4				4.5
Rapport with child	4	3	1			4.4

Rapport with parent advisor	3	1			1	4.0
Rapport with supervisor	4	3		1		4.3
Matches language and style to family	5	3	1			4.4
Alert to parent's concerns	6	3	1			4.5
Emphathizes with and normalizes parents' concerns	6	3	1			4.5
Reacts non-judgementally	5	3	2			4.3
Reinforces appropriately	5	4	1			4.4
Involves all present during home visit	4	3	3			4.1
Keeps parents on task tactfully	4	5	1			4.3
Solicits input	1	7	2			3.9
Gives parents options	2	8				4.2
Encourages parents to initiate solutions.	1	8	1			4.0
Encourages parents think how skill used other situations	1	8	1			4.0
Gives parents credit for improvment/innovation	5	5				4.5
Involves parent advisor	1	6	3			3.8
Demonstrates knowlege	7	2	1			4.6
Adequately prepared	7	2	1			4.6
Chooses appropriate activities	7	2	1			4.6
Reviews skills with parents	3	5	2			4.1
Involves parents/ PA in choice of activities	1	5	4			3.7
Places child in "maximum-potential" environment	5	4	1			4.4
Models skills	5	4				4.6
Observes parent practicing skill	2	3				4.4
Makes any necessary corrections in parents' performance	2	4				4.3
Accpets input	2	6	1			4.1

Writes challenge for week with parent	1	4	5			3.6
Is a good example of skills parent needs to learn	4	5	1			4.3
Answers parents/PA questions adequately	5	4	1			4.4

Therapy Consult Evaluations

COMMENTS:

Cathy is wonderful. She is very supportive/inclusive of the family's needs. Her technical skills are also excellent. Great rapport with mother and child.

Barry was very pleasant and appropriate with the parents but more "social" than intrusive. Barry's therapy skills are adequate, during this visit he did not show me a plan (even though I instructed him ahead of time. Instead relied on me to "work with" the child. We discussed this later. I will follow up with some resource material to assist him in planning for the pediatric age group. He is more used to working with adults and it showed.

Ann is consistently top notch in her record keeping for GA Pines. She has terrific rapport with her families, is constantly in control with the program PA's who see her children. Makes very appropriate referrals for other needed services.

Jean was very appropriate and successful with her activities. She kept the child's attention (previously a difficult task). In fact, attention to task was _____ with each activity and was very well integrated with motor activities. She needs to be sure she involves parents more in activities. PA has not been very acted with child.

Lynda is a wonderful pediatric therapist with a good rapport with children and families alike. She worked well with _____ who was behaviorally difficult and assisted with parent through several major personal crises.

There had been some communication problems between Kathie and mom however this observation today showed Kathie as being very appropriate with parent. Her activities with the child were also extremely appropriate. Discussed ways to approach parent with Kathie after the visit. Will keep her on case for a while and continue to monitor.

Nancy is good with children. Great with parents who react in an open manner. Has more trouble with quicker or less interactive parents. Scheduled PINES families with in other contractual obligations has been somewhat of a problem.

Very nice rapport with a somewhat difficult family. Appropriate activities with child. Involved family members. Needs to include PA in loop and somewhat more.

Trudy is an extremely knowledgeable therapist who has been superb with the children and families she sees. One of our best therapy consultants could be a model for the program of how PINES home therapy can work.

Sharon has great empathy with parents since she has a special needs child herself. She stuck with and brought a low functioning child/parent along beautifully.

PARENT EVALUATION OF PARENT ADVISORS AND THERAPY ADVISORS

Ga. PINES
890 North Indian Creek Drive
Clarkston, Georgia 30021

Parent Evaluation of Parent Advisor

Date _____

Child's Name _____ Parent Advisor's Name _____

Please put a check under the heading which best describes how you feel:

	<u>ALWAYS</u>	<u>USUALLY</u>	<u>OCCASIONALLY</u>
I. My parent advisor shows appropriate <u>knowledge</u> of:			
- Vision and/or hearing disorders and their implications for my child	_____	_____	_____
- Communication skills (ability to communicate) with parent	_____	_____	_____
- Communication skills (ability to communicate) with child	_____	_____	_____
- Appropriate expectations for child	_____	_____	_____
- The emotions that parents experience	_____	_____	_____
- Interpersonal relationships with child	_____	_____	_____
- Interpersonal relationships with family	_____	_____	_____
- Developing goals for child and family	_____	_____	_____
- Assessment procedures	_____	_____	_____
- Legal rights of the handicapped	_____	_____	_____
- Resources in the community	_____	_____	_____
II. My parent advisor:			
- Keeps scheduled appointments and is on time	_____	_____	_____
- Presents lessons in an organized and prepared manner	_____	_____	_____
- Considers our family needs, as well as my child's individual needs, in planning activities	_____	_____	_____
- Respects and deals fairly with my child	_____	_____	_____
- Provides a well structured learning environment	_____	_____	_____
III. I feel my parent advisor:			
- Genuinely cares for my child	_____	_____	_____
- Treats me and my family with respect	_____	_____	_____

	<u>ALWAYS</u>	<u>USUALLY</u>	<u>OCCASIONALLY</u>
- Has provided strength and support when I needed it	___	___	___
- Helps me feel worthwhile	___	___	___
- Helps me feel capable	___	___	___
- Has helped me develop into an advocate for my child	___	___	___
IV. On average, how often does the parent advisor cancel appointments	___	___	___
If the parent advisor has to miss a home visit, does she/he give you notice in advance?	___	___	___
On average, how long is each visit by the parent advisor?			
___ 2 hours ___ 1½ hours ___ 1 hour ___ 30 minutes or less			
V. I feel our participation in the Ga. PINES-INSITE Program has benefitted us in the following ways:			

Some of the problems we have experienced in the program are:

I would recommend the program to others ___ Yes ___ No

On a scale of 1 to 10 (10 being the best, 1 the poorest), I would give my parent advisor a ____.

Additional comments:

Signature of Parent or Caregiver: _____

PARENT EVALUATION OF PARENT ADVISOR 1992-1993

	NEVER 1	SOMETIMES 2	ALWAYS 3	MEAN
MY PARENT ADVISORS KNOWLEDGE:				
Vision/Hearing Disorders		5	49	2.90
Communication skills with parent		1	56	2.98
with child		5	50	2.90
Appropriate expectations		10	50	2.83
Emotions parents experience		8	46	2.85
Ways handling difficult behavior	1	4	48	2.88
Interpersonal with child		5	51	2.91
Interpersonal with family	1	4	49	2.83
Developing IFSP goals	1	4	50	2.89
Assessments		5	49	2.90
Legal rights	1	8	46	2.81
Community Resources		7	47	2.87
MY PARENT ADVISOR:				
Keeps scheduled appts.		7	48	2.87
Presents lesson organized manner		5	51	2.91
Activities in a creative way		2	53	2.96
Considers our family needs		4	52	2.92
Respects my child		3	52	2.94
Provides structured learning environ		3	52	2.94
I FEEL MY PARENT ADVISOR:				
Genuinely cares for my child			53	3.00
Treatet me/family respect		1	54	2.98
Provides strength/support		3	52	2.94
Helps me feel worthwhile			55	3.00
Helps me feel capable		1	54	2.98
Developed into an advocate for my child		1	53	2.98

PARENT EVALUATION OF PARENT ADVISOR 1993 - 1994

	NEVER 1	SOMETIMES 2	ALWAYS 3	MEAN
MY PARENT ADVISORS KNOWLEDGE				
Vision/Hearing Disorders		6	48	2.9
Communication skills with parent			48	3.0
with child		5	49	2.9
Appropriate expectations		8	46	2.85
Emotions parents experience		8	46	2.85
Ways handling difficult behavior	1	11	41	2.75
Interpersonal with child		4	50	2.9
Interpersonal with family		6	47	2.9
Developing IFSP goals	1	3	48	2.9
Assessments	1	4	49	2.9
Legal rights	1	8	44	2.9
Community Resources		9	42	2.9
MY PARENT ADVISOR:				
Keeps scheduled appts.		7	47	2.9
Presents lesson organized manner		4	50	2.9
Activities in a creative way		3	51	2.9
Considers our family needs		4	50	2.9
Respects my child		1	53	3.0
Provides structured learning environ		5	49	2.9
I FEEL MY PARENT ADVISOR:				
Genuinely cares for my child		1	53	3.0
Treatet me/family respect			54	3.0
Provides strength/support		3	51	2.9
Helps me feel worthwhile		2	52	3.0
Helps me feel capable		2	52	3.0
Developed into an advocate for my child		4	50	2.9

PARENT EVALUATION OF PARENT ADVISOR 1994-1995

	ALWAYS 3	USUALLY 2	OCCASIONALLY 1	MEAN
MY PARENT ADVISORS KNOWLEDGE:	33	6		2.38
Vision/Hearing Disorders	32	5		2.86
Communication skills with parent	32	5		2.86
...with child	32	5		2.86
Appropriate expectations	31	5	1	2.81
Emotions parents experience	32	6		2.84
Ways handling difficult behavior	34	2	1	2.89
Interpersonal with child	33	3	1	2.86
Interpersonal with family	32	4	1	2.83
Developing IFSP goals	31	4		2.88
Assessments	32	3		2.91
Legal rights	30	5		2.85
Community Resources	30	2	1	2.87
MY PARENT ADVISOR:				
Keeps scheduled appts	30	7		2.05
Presents lesson organized manner	31	6		2.83
Activities in a creative way	34	2	1	2.89
Considers our family needs	34	2		2.97
Respects my child	33	4		2.89
Provides structured learning environ	36			3.00
I FEEL MY PARENT ADVISOR:				
Genuinely cares for my child	35	1		2.97
Treatet my/family respect	36	1		2.97
Provides strength/support	37	1		2.97
Helps me feel worthwhile	36	1		2.97
Helps me feel capable	35		2	2.89

Developed into an advocate for my child	35	3		2.92
---	----	---	--	------

Ga. PINES
890 North Indian Creek Drive
Clarkston, Georgia 30021

Parent Evaluation of Therapy Consultant

Date _____

Child's Name _____ Therapy Consultant's Name _____

Please put a check under the heading which best describes how you feel:

	<u>ALWAYS</u>	<u>USUALLY</u>	<u>OCCASIONALLY</u>
I. My therapy consultant shows appropriate <u>knowledge</u> of:			
- Motor delays/disorders and their implications for my child			
- Vision and/or hearing disorders and their implications for my child			
- Communication skills (ability to communicate) with parent			
with child			
- Appropriate expectations for child			
- The emotions that parents experience			
- Interpersonal relationships with child			
with family			
- Developing goals for child and family			
- Assessment procedures			
- Legal rights of the handicapped			
- Resources in the community			
II. My therapy consultant:			
- Keeps scheduled appointments and is on time			
- Presents activities in an organized and prepared manner			
- Presents activities in a creative way oriented to the needs of my child			
- Considers our family needs, as well as my child's individual needs, in planning activities			
- Respects and deals fairly with my child			
- Provides a well structured learning environment			

III. I feel my therapy consultant:

- Genuinely cares for my child
- Treats me and my family with respect
- Has provided strength and support when I needed it
- Helps me feel worthwhile
- Helps me feel capable
- Has helped me develop into an advocate for my child

ALWAYS USUALLY OCCASIONALLY

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV.

If the therapy consultant has to miss a home visit, does she give you notice in advance?

OFTEN SOMETIMES RARELY

_____	_____	_____
-------	-------	-------

On average, how often does the therapy consultant cancel appointments?

_____	_____	_____
-------	-------	-------

On average, how long is each visit by the therapy consultant?

___ 2 hours ___ 1½ hours ___ 1 hour ___ 30 minutes or less

V. I feel our participation in the Ga. PINES-INSITE Program has benefitted us in the following ways:

Some of the problems we have experienced in the program are:

I would recommend the program to others ___ Yes ___ No

On a scale of 1 to 10 (10 being the best, 1 the poorest), I would give my therapy consultant a ____.

Additional comments:

Signature of Parent or Caregiver: _____

PT/OT PARENT EVALUATIONS 1993-94

	NEVER 1	SOMETIMES 2	ALWAYS 3	MEAN MEAN
MY PHYSICAL/OCCUPATIONAL THERAPIST SHOWS KNOWLEDGE OF:				
Motor Delays/ Disorders		1	12	3.15
Vision/Hearing Disorders Implications		2	12	2.85
Communication skills with parent			12	3.00
Communication skills with child		1	12	3.15
Appropriate Expectations		2	11	2.84
Emotions that Parents Experience		3	11	2.78
Ways handling difficult behavior			14	3.00
Interpersonal relationship with child		2	11	2.84
Interpersonal with family		2	11	2.84
Developing IFSP goals		1	12	3.15
Assessments			12	3.00
Legal rights		3	11	2.78
Community Resources		4	11	2.73
MY PT/OT:				
Keeps scheduled appts.			13	3.00
Presents lesson organized manner		1	13	2.92
Activities in a creative way			14	3.00
Considers our family needs		1	13	2.92
Respects my child		1	12	3.15
Provides structured learning environ			12	3.00
I FEEL MY PT/OT:				
Genuinely cares for my child			14	3.00
Treats my/family respect			14	3.00
Provides strength/support		1	13	2.92
Helps me feel worthwhile		1	13	2.92
Helps me feel capable			14	3.00
Developed into an advocate for my child		1	14	2.93

PT/OT PARENT EVALUATIONS 1994-95

	OCCASIO NALLY 1	USUALLY 2	ALWAYS 3	MEAN MEAN
MY PHYSICAL/OCCUPATIONAL THERAPIST SHOWS KNOWLEDGE OF:				
Motor Delays/ Disorders			8	3.0
Vision/Hearing Disorders Implications	1	1	6	2.62
Communication skills with parent		1	7	7.75
Communication skills with child		1	7	2.75
Appropriate Expectations		1	7	2.75
Emotions that Parents Experience		1	7	2.75
Interpersonal relationship with child			7	3.0
Interpersonal with family			7	3.0
Developing IFSP goals		1	7	2.75
Assessments	1		6	2.38
Legal rights	2	2	2	1.5
Community Resources	3	2	3	2.0
MY PT/OT:				
Keeps scheduled appts			8	3.0
Presents lesson organized manner		1	7	2.75
Activities in a creative way			8	3.0
Considers our family needs	1	1	6	2.62
Respects my child			8	3.0
Provides structured learning environ		1	7	2.75
I FEEL MY PT/OT:				
Genuinely cares for my child			8	3.0
Treats my/family respect			8	3.0
Provides strength/support		1	7	2.75
Helps me feel worthwhile			8	3.0
Helps me feel capable			8	3.0
Developed into an advocate for my child		1	7	2.75

I would recommend the program to others

YES- 8 NO-0

On a scale from 1 to 10 (10 being the best), I
would give my therapy consulatant a:

10= 5, 9= 3

Parent Evaluation of Therapy Consultant

1. I feel our participation in the GA PINES INSITE program has benefited us in the following ways:

Has given us precise instruction on things to do

Helping us with our son and each other as a whole family with a child with a vision problem

Has helped me to understand handicapped people. They've shown me a lot of her development has to do with me working with her and never giving up on her when she can't. Plus they have been a real friend at a time when I really need some.

Awareness of therapy to best benefits my child and at the same time includes instructions to show how ordinary touching can be very stimulating for my child.

Because more aware of the needs for our child and how to meet the need. Educating using the areas we need help and also giving us an advocate whom we can call and counsel with.

Showing us appropriate exercises to help Asmahan to improve her motor ability

Encouragement and opportunity for Asmahar to have physical therapy in the home.

Sharon has helped giving me a shoulder to learn on. The ability to continue knowing we're not alone.

It has provided Emily with evaluations no other program has provided. It has encouraged us how to work and learn with Emily. GA Pines has provided the Pediatric Therapy.

2. Some of the problems we have experienced in the program are:

There have been no problems. I wish GA Pines could be extended until 5 years old.

Usually there have been no problems with this program

None. This program has been 100% beneficial for my child.

I wish that there was a "satellite" location close so that we had access to more.

①

Friday
Sept 17, 94

Dear Dr. Ruth,

I received the functional vision assessment done on Mackay in June, yesterday.

Thank you for helping me get it done. For all your help, understanding and guidance throughout the last 2 1/2 years. No words could express my appreciation for

BEST COPY AVAILABLE

(2)

all La Pines has
done for us. Please
know in our hearts
we mean this.

Thanks again, hope
to stay in touch.

Renee Ware

Cheryl R Ware
(Nancy Taylor Ware)

Rt 2 Box 1400
Ft Valley CA 95930
912 825 1670

TO Whom it May Concern

My daughter Teresa Shackelford is a 10 year old that is hearing and vision impaired and has been served by Dr. Pines at a earlier age of 3 years old. If it wasn't for Dr. Pines working with her at an early age, she won't have progress as she has. I am very grateful that this service was available to her and to other children.

She is multiple delayed in speech also in her physical. It was very difficult for her at the beginning of her therapy, but with continuing weekly for year, she is now walking, some talking, hearing and feeding herself, is due from Dr. Pines.

Her syndrome is dysmorphic, which is very rare and it's a combination of several kinds of syndromes. She has gone through kidney surgery, ear surgery and stomach tube feeding. She had a relaxed kidney and Aortic, relax.

(mother) 123

Sincerely,
Toni Shackelford

INFANT AND CHILD DATA USING CALLIER-AZUSA SCALE

MONTHS	MOTOR DEVELOPMENT				PERCEPTUAL DEVELOPMENT			DAILY LIVING SKILLS				ACTION, COMMUNICATION AND LANGUAGE				SOCIAL DEVELOPMENT		
	POST. CONT.	GR. MOTION	FINE MOTOR	VIS-MOTOR	VISION	AUDITORY	TACTILE	DRESS.	PERS. HYG.	FEEDING	TOILET	COGNITION	RECEPTIVE	EXPRESS.	SPEECH	ADULTS	PEERS	ENVIRON.
108																		
96																		
84			19	20			12							20				
72	17	16	18	19										19		16	9	
60	16	15	17	18	14		11							18				
				17										17				
48	15	14	16	16	13		10							16	16	19		
					12		9							15				
								9		10	9			14				
											8							
36	14	13	15	15			8							13	15	18	9	
								8	7	9	7			17				
											6			16				
											5			12		16		
	13			14	11	5		7	6		4			14		8		
24	12	12	14	13	10		7	6	5	8	3				15	7		
	11					4												
18	10	11	13	12	9			5	4	7				10		13	6	
	9	10	12					4		6				9	12	11		
			11		8									8	11	10		
12	8	9	10	11				3	3	5	2			10	9	5		
	7	8	9											9	8			
	7	7	8	10						4				7	8	7		
	6	6	7		7		4	2						7	6			
	6	6	6	9												4		
	5	5		8	6		3				1			6	6	3		
6	4	4		7	5	3	2	1	1	3				5		5	2	4
			5	6	5											4		
	3	3	4	5	4	2								4	5	4		
	2	2	3	4	3									3	4	3		
	1	1	2	3	2		1			2				2	3	2		
										1				1		1		
0	0	0	01	01	0	01	0	0	0	0	0	01	01	0	01	0	0	0
	A	B	C	D	A	B	C	A	B	C	D	A	B	C	D	A	B	C

NAME _____ DOB _____ PROGRAM _____

OBSERVERS _____ DATE _____

(pre) OBSERVERS _____ DATE _____

(post)

CHILD'S HANDICAPS:

CALLIER-AZUSA SCALE
(G)

INSITE 1992-93 GEORGIA DATA REPORT

**SKI*HI INSTITUTE
Department of Communicative Disorders
Utah State University
Logan, Utah 84322-1900**

June, 1994

post chronological age is 52 months (.23 x 52). This predicted score thus becomes a standard against which to compare actual post-test information. The predicted score represents developmental change due to maturation alone; the actual score represents maturation and developmental change due to treatment. Ideally, the actual score should exceed the predicted score.

A summary of Callier-Azusa data for INSITE children during the 1992-93 year is shown in Table 2.

Table 2
Summary of Callier-Azusa Pre/Post Scores
1992-1993

	Motor Development (MD)	Perceptual Development (PD)	Daily Living (DL)	Cognition, Communication, Language (CCL)	Social Development (SD)
Mean:					
Pre	8.8	12.9	11.8	8.0	9.2
Post	11.3	15.8	15.9	10.7	13.1
Predicted	11.9	17.4	15.7	10.8	12.4
Did the actual post- score exceed the pre- dicted score?	no	no	yes	no	yes
Number of Cases	50	51	50	50	50

Table 3

PROPORTIONAL CHANGE INDEXES
FOR PROJECT INSITE CHILDREN
1992-1993

	Motor Development (MD)	Perceptual Development (PD)	Daily Living (DL)	Cognition, Communication, Language (CCL)	Social Development (SD)
N	50	51	50	50	80
Mean PCI	1.0	1.1	1.9	1.2	1.5

At a subscale level, the average PCI ranges from 1.0 for Motor Development, to 1.5 for Social Development. The average INSITE child shows accelerated growth during INSITE treatment in nearly all developmental areas.

4.0 SUMMARY OF DEVELOPMENTAL PROGRESS: PROFILE OF THE TYPICAL INSITE CHILD

Recent assessment data show that our average child (Jim) improved in all areas of the Callier-Azusa Scale and that two post-test values exceeded what would have been expected in the absence of treatment. In general, Jim's overall rate of development improved during his INSITE intervention.

INSITE 1993-94 STATE DATA REPORT

Georgia

SKI-HI INSTITUTE

Department of Communicative Disorders

Utah State University

Logan, Utah 84322-1900

May 1, 1995

post chronological age is 52 months (.23 x 52). This predicted score thus becomes a standard against which to compare actual post-test information. The predicted score represents developmental change due to maturation alone; the actual score represents maturation and developmental change due to treatment. Ideally, the actual score should exceed the predicted score.

A summary of Callier-Azusa data for INSITE children during the 1993-94 year is shown in Table 2.

Table 2
Summary of Callier-Azusa Pre/Post Scores
1993-1994

	Motor Development (MD)	Perceptual Development (PD)	Daily Living (DL)	Cognition, Communication, Language (CCL)	Social Development (SD)
Mean:					
Pre	8.7	13.6	10.8	8.6	10.4
Post	11.7	17.7	14.6	11.7	13.0
Predicted	11.2	17.6	13.7	11.1	13.5
Did the actual post- score exceed the pre- dicted score?	yes	yes	yes	yes	no
Number of Cases	62	63	63	61	63

Table 3
Proportional Change Indexes
for Project Insite Children
1993-1994

	Motor Development (MD)	Perceptual Development (PD)	Daily Living (DL)	Cognition, Communication, Language (CCL)	Social Development (SD)
N	62	63	63	61	63
Mean PCI	1.3	1.7	1.6	2.2	1.3

At a subscale level, the average PCI ranges from 1.3 for Motor Development and Social Development, to 2.2 for Cognition, Communication, Language. The average INSITE child shows accelerated growth during INSITE treatment in nearly all developmental areas.

4.0 SUMMARY OF DEVELOPMENTAL PROGRESS: PROFILE OF THE TYPICAL INSITE CHILD

Recent assessment data show that our average child (Jim) improved in all areas of the Callier-Azusa Scale and that all but one post-test value exceeded what would have been expected in the absence of treatment. In general, Jim's overall rate of development improved during his INSITE intervention.

SAMPLE FOLLOW-UP TRAINING ACTIVITIES

INSITE INSERVICE EVALUATION
June 12 & 13, 1995

1. Compared to other similar inservices you have attended, this inservice rates:

☐ Above Average ☐ Average ☐ Below Average

2. In terms of meeting your needs this inservice rates:

☐ Above Average ☐ Average ☐ Below Average

3. The Atlanta Area School for the Deaf facilities were:

☐ Excellent ☐ Satisfactory ☐ Poor

4. Please rank the below-listed sessions as follows:

- 1 - Excellent and helpful; offered new and helpful information.
- 2 - Satisfactory; presenter/moderator was prepared and informed.
- 3 - Poor; not helpful; not well prepared.

<u>Inservice Sessions</u>	<u>Circle One Rating For Sessions You Attended</u>			<u>Would You Like To Hear More</u>	
				Yes	No
a. Babies Can't Wait Presentation - Wendy Sanders and Tommy Thrasher	1	2	3	___	___
b. "Functional Vision Assessment" - Pati Alexander	1	2	3	___	___
c. "Guiding the Development of the Child with Visual Impairment/ Blindness: Strategies and Activities" - Pati Alexander and INSITE Parent Advisors	1	2	3	___	___
d. "The Role of the Family" - Naomi Griffith	1	2	3	___	___
e. "Working with the Medically Fragile Child" - Dr. Leslie Rubin	1	2	3	___	___
f. "Working with the Higher Functioning Child with Visual Impairment/ Blindness" - Pati Alexander	1	2	3	___	___

5. What were the best aspects of the inservice?

6. What suggestions would you make to improve this inservice?

7. Suggested topics for future inservices and workshops.

8. Additional comments:

DEAF-BLIND EARLY INTERVENTION INSITE 1995

	1 Excellent	2 Satisfactory	3 Poor	μ
Compared to other similar inservice you have attended, this inservice rates:	16	8		1.33
In terms of meeting your needs this inservice rates:	15	9		1.38
The Atlanta Area School for the Deaf facilities were:	19	5		1.21
"Babies Can't Wait Presentation"	12	10		1.45
"Functional Vision Assessment:	16	3		1.16
"Guiding the Development of the Child with Visual Impairment/Blindness: Strategies and Activities:	19			1.00
"The Role of the Family"	20	1		1.05
"Working with the Medically Fragile"	8	8	6	1.91
"Working with the Higher Functioning Child with Visual Impairment"	17	2		1.11

**Sixth Bi-Annual Southeast Regional
SKI*HI/INSITE Conference**
*"Gateway to Success with Early
Intervention"*

June 17 - 18, 1994
Sheraton West-Port Inn • Saint Louis, Missouri

REGISTRATION SUMMARY

Total number of conference participants: 112
Number of preregistered: 101
Number of on-site registered: 11
(In addition, there were three people who preregistered but later cancelled)

Total number of states represented: 18
Number of participants by state:

Missouri:	45
Georgia:	19
Tennessee:	16
Mississippi:	11
Utah:	5
Arkansas:	3
Louisiana:	2
Alabama:	1
Arizona:	1
Kentucky:	1
New York:	1
North Carolina:	1
Ohio:	1
Oklahoma:	1
South Carolina:	1
Texas:	1
Washington:	1
West Virginia:	1

PEDIATRIC MASSAGE: FOR THE CHILD WITH SPECIAL NEEDS
TWO DAY COURSE OUTLINE

DAY 1

8:30- 9:00 REGISTRATION
9:00- 10:30 INTRODUCTION TO PEDIATRIC MASSAGE
* Heart to Heart video tape
* General Benefits of Massage
* Psychological Considerations in Bonding/Attachment
* Specific Benefits for Children with Special Needs
ie. Down Syndrome, Cerebral Palsy, Hypersensitivity,
Congenital Malformation, Prematurity, etc.
10:30-10:45 BREAK
10:45-12:00 NEUROPHYSIOLOGICAL CONSIDERATIONS IN MASSAGE
*Autonomic Nervous System
*Signs and Symptoms of Overstimulation
*Infant States
12:00- 1:30 LUNCH BREAK
1:30- 2:00 VIDEOTAPE OF MASSAGE with a child with special needs
2:00- 2:30 POSITIONING/PREPARATION
2:30- 2:45 BREAK
2:45- 4:15 PRACTICUM - Participants will practice massage strokes with a doll.
(Please bring a doll and pillow to practice with.)
4:15- 4:45 Questions/Discussion

DAY 2

8:30- 9:15 GENERAL PRECAUTIONS/MEDICAL CONSIDERATIONS
REVIEW OF THE LITERATURE Relating to Infant Massage
9:15-11:00 REVIEW OF THE STROKES (Please bring a doll and pillow to practice
with.)
11:00-11:30 VIDEOTAPE OF MASSAGE with a child with special needs
11:30 - 1:00 LUNCH BREAK
1:00- 2:00 CHANGING THE QUALITY OF MASSAGE STROKES - Strokes for the arm will be
practiced on each other. (Please wear a sleeveless, washable shirt.)
2:00- 3:00 LIVE DEMONSTRATION and Discussion
3:00- 3:15 BREAK
3:15- 4:00 LIVE DEMONSTRATION and Discussion
4:00 - 4:30 CLOSING QUESTIONS AND COMMENTS
COURSE FEEDBACK FORMS

COURSE EVALUATION

THANK YOU FOR YOUR ATTENDANCE OF THIS COURSE. WE WOULD APPRECIATE YOUR COMMENTS REGARDING THE PRESENTATION.

1. WAS THE MATERIAL PRESENTED APPLICABLE TO YOUR INDIVIDUAL PRACTICE? *yes - I look forward to Monday's clients' reactions to massage.*
2. WAS THE LOCATION OF THE COURSE CONVENIENT? *Reasonable driving distance*
WERE THE FACILITIES ADEQUATE? *yes*
3. PLEASE COMMENT REGARDING THE CLARITY, CONTENT AND ORGANIZATION OF WRITTEN MATERIAL? *Thanks for the packet of course material. The book was a nice accompaniment during the course/lecture*
4. PLEASE COMMENT REGARDING USE OF AUDIOVISUALS AND DEMONSTRATION. *It was helpful to be exposed to possible situations that may be encountered when engaged in massage.*
5. WHAT INFORMATION WAS MOST HELPFUL IN THIS PRESENTATION? *Hands on! (labs) and demonstrations*
6. WHAT INFORMATION WAS LEAST HELPFUL IN THIS PRESENTATION? *N/A*
7. WHAT SUGGESTIONS WOULD YOU HAVE ON COURSE IMPROVEMENT AND /OR FUTURE TOPICS?
possibly have attendants seated on the floor while watching the first tape about massage in order to practice on the doll following each individualized stroke.
8. HOW DID YOU HEAR ABOUT THE COURSE?
wonderful Paula Forney and CFA PINES
9. PLEASE TELL US YOUR PROFESSION (optional).
These techniques will be a super addition to many treatment plans being implemented esp. in addition 138 ST and thank you!!

INSITE INSERVICE EVALUATION
June 10 & 11, 1995

1. Compared to other similar inservices you have attended, this inservice rates:

☒ Above Average ☐ Average ☐ Below Average

2. In terms of meeting your needs this inservice rates:

☒ Above Average ☐ Average ☐ Below Average

3. The Atlanta Area School for the Deaf facilities were:

☒ Excellent ☐ Satisfactory ☐ Poor

4. Please rank the oral motor session as follows: (circle)

1 - Excellent and helpful; offered new and helpful information.

2 - Satisfactory; presenter/moderator was prepared and informed.

3 - Poor; not helpful; not well prepared.

5. What were the best aspects of the inservice?

the hands on sessions were great. Very good intervention strategies.

6. What suggestions would you make to improve this inservice?

possible live demonstration (but this would require more time).

7. Suggested topics for future inservices and workshops.

An NDT or Motor Control Workshop such as by Marcia Hornbrook or Judy Beerman

8. Additional comments:

I really enjoyed this course!! This is my second time hearing Debra & I still learned more & hopefully turned up my evaluation & treatment techniques. Debra is a high quality therapist who is a wonderful practical clinically approached therapist. Thanks

Pediatric Massage Evaluation of Workshop

1 Was the material presented applicable to your individual practice?

Yes. I look forward to Mondays' client reactions to massage.

This is the only course that was addressed early and to the present.

It will be applicable to work with a variety of my kids.

Although would have liked to have seen massage with high tone child. The last video was helpful.

I can use these techniques daily and at work.

I hope to incorporate pediatric massage particularly with the severe and profound population.

Nice to know that pediatric massage will be applicable to variety of ages.

I work closely with PT that works with GA Pines infants. Helps when we can provide carry over between environments and therapists.

2 What information was most helpful in this presentation?

Hands on and demonstrations

Learning the different strokes. Being provided with lost of information.

The massage strokes. The contraindications, where to get resources.

Practicing on one another and watching demo on children.

Patient demonstrations and videos

Actual massage strokes, benefits of massage and how we can integrate it into treatment.

Handouts and text are resources that I can always go back to.

Demonstration of technique with explanation of application.

Application to special needs population

You both did a nice job of integrating this technique with NDT, SI and other treatment techniques. Lab was great.

Research, contraindications and adjustments to child's needs were very helpful.

Actual techniques for massage

Especially liked practice and presentation and videos

Hands on practicum

Background explaining the benefits and presentation, hands on of massage techniques

Personal experiences

The lab sessions and video

Demonstration and hands on experience are excellent learning tools

Practicum

The books and hands on activities were most helpful. Demonstration.

Audiovisuals were helpful. Helpful to see massage introduced to children of various degrees of impairments

How massage can be used in conjunction with other tools to manage time, sensory problems, tone, etc. Actual demonstration helpful

Technical aspects of pediatric/infant massage and practical applications.

Actual demonstrations and practice. Problem solving discussions.

3. What information was least helpful in this presentation?

All the passive observations

The research related information

Rereading the handouts using overhead

It was helpful to have information on all the research, but we might have been able to spend a little less time on it.

Covering research

I think it could be a one day course

A little too long on video

Videotape

INSITE INSERVICE EVALUATION ORAL MOTOR WORKSHOP 1995

	1 Excellent	2 Satisfactory	3 Poor	MEAN
Compared to other similar inservices this inservice rates:	31			1.00
In terms of meeting your needs this inservice rates:	29	2		1.06
The Atlanta Area School for the Deaf Facilities were:	29	2		1.06
The Oral Motor Sessions were:	31			1.00

INSITE Inservice Evaluation 6/95

1. What were the best aspects of the inservice

The hands on sessions are great. Very good intervention strategies

Functional techniques, examples, case studies, hands on

Hands on practice and intervention.

Hands on, practical.

Organization of the presenter and sharing of relevant information

Treatment issues were addressed immediately rather than in the last 15 minutes

Oral motor development in associated with speech and feeding. Evaluation and implementation of intervention techniques

Hands on practice, also new ideas on feeding assessing

Examples/videos of progress. Hands on aspect with lots of repetition and review. Slides and videos

Hands on, especially being talked through the handling as needed

Presenter. I was very limited in experience and this will give me suggestions

Hands on activities and examples of assessments were the best

Presenters, handouts, practical applications

Demonstration/actual performing interventions on each other

Information was clear and concise

Hands on aspect

Nice organization.

Hands on and less on normal anatomy

Treatment interventions.

Instructor knowledgeable and presented clear and concise info

Presented clear and consistent in presenting material was well organized.

Variety of teaching techniques

Good clinical application

Seeing the result of the children/adults after therapy in such short period of time

Great visuals. Well organized. Hands on.

Hands on

Debra Beckman chance to practice. Reimbursement

Presenter was good and interesting.

Well organized and presenter was knowledgeable

2. What suggestions would you make to improve this inservice?

Live demonstrations

Watching Debra do therapy would have been wonderful. Having a child there to we could see implementation of these techniques.

More time

Allowing or suggesting for attendees to try their snack in sidelying or prone and comparing notes. Suggestions for positioning in sidelying for older children/adults.

Have a model or charts the mouth with muscles for orientation.

More movement during session day. Shortened day.

Videotape so we can go back and review it.

Some information was over my head. Very in-depth as far as oral motor structures. But informative.

Extend the days.

Have follow up session.

Give examples of assessment.

A repeat overview perhaps one day.

Discuss role of SLP/OT/PT.

Copy of a evaluation would be helpful.

Slower presentation of info.

Larger TV.

Introduction may improve with a video or overview of an evaluation and/or technique to give one like an idea of what to expect.

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TECHNICAL ASSISTANCE REPORT

TECHNICAL ASSISTANT REPORT GEORGIA DEAF-BLIND 1992-93

	No Opportunity	1-5	6-10	11-15	>15	MEAN	
A. Made Referral to							
1. PT/OT	4	10	1				
2. Other Health Care Prof.	3	10					
3. Early Intervention	6	7	1				
4. Educational Program							
Public	6	10	3				
Private	10	11					
5. Respite Care	10	11					
6. Day Care	11	11					
7. Parent Group							
Local	4	10	1	2			
National	7	8	1				
8. Other Parents	4	8		3			
9. Family Counseling	9	3	2				
10. Other	5	1		1			
B. Disseminated Info/Resources							
1. Articles/Books	1	7	3	5			
2. Media							
Video Tapes	6	13	1	1			
Audio Tapes	8	4		1			
Adaptive Toys/Switch	4	5	2	2			
Vision, Auditory/Sensory Stim. Materials	1	6	3	5			
Alt. Communication Materials	5	8	1	2			
Adaptive for Positioning/ADL	6	4	3	1			
3. Local/National Organization	4	7	4				

4 Correspondence Courses Parents	7	4	3	1			
5 Workshops/Training Parents	2	9	2	2			
6. Other	3						
C. Provided Assistance or Services:							
1. Audiologist	11	1	1				
2. Ophthalmologist	8	6	1				
3. Other physicians	12		1				
Pediatrician	13						
Neurologist	13						
Orthopedist	11	1					
Other	4						
D. Other Health Specialists							
PT	6	4	4				
OT	7	4	4				
Speech	11	1	2				
Other	2	1					
E. Center-Based Programs							
Headstart	12	1					
EI Program	8	5	1				
Regular Daycare	11	2					
Special Needs Day Care	12	3					
LSS Preschool	9	3	1				
Other	5						
2. Many times you help parents prepare for meetings with Profs.		13	3				
3. Many times participate in transitioning preschool	6	7	2				
Helped parents make initial contact LSS	5	8	1				

Helped parents prepare questions IEP	7	6	2				
Attended IEP with parents	5	6	1				
II Type of Technical Assistance Provided to Service Providers							
Public Awareness Of INSITE	6	10	1	1			
Attended local ICC Mtgs	9		1	1			
Presentations to agencies	7	4	2				
Information on effective practices							
Articles/books/journals	11	8	5				
Video Tapes	9	4					
Audio Tapes	8	3					
Adaptive Toys	6	3	1				
Vision/auditory/Sensory stim. materials	5	6	2				
Communication strategies	5	4	4				
Adaptive Equip.	7	2	2				
Workshops	6	2	4				
Other	2						

WORKSHOPS

WORKSHOP EVALUATION SCALE SUMMARY

ORIENTATION AND MOBILITY INSERVICE NOVEMBER 3, 1994

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	8	1		3				6.1
2. The objectives of the workshop were:	9	1	2	1				6.3
3. The work of the presenter(s) were:	8	1	2	1				6.3
4. The ideas and activities of the workshop were:	9	3		1				6.5
5. The scope (coverage) was:	7	2	1	1				6.3
6. My attendance at this workshop should prove:	7	3	1	1				6.3
7. Overall, I consider this workshop:	7	3	1	1				6.3
8. Do you feel a need for additional information about this topic?	YES 8						NO 1	

OVERALL MEAN SCORE: 6.3

Deaf Blind Orientation and Mobility Retreat Workshop Comments
November 3, 1994

The Stronger Features of the Workshop Were:

Doug obviously has a lot of knowledge

Lots of concise information

Good sense of humor

Humor

The presenter was knowledgeable

Resource information

Doug's knowledge

The Weaker Features Were:

A bit unorganized

Too fast; some assumptions were made of our knowledge in error.

Organization

Presentation was rushed

Hard to get the full scope in one class period.

General Comments:

Not really organized-jumped around on subject

Informative and interesting

Very good

I would like to have a longer presentation

Very informative

Information useful but could have been better organized

WORKSHOP EVALUATION SCALE SUMMARY

SIGHTED GUIDE

PRESENTER: Doug and Cheryl

DATE: November 8, 1994

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	2	3						6.4
2. The objectives of the workshop were:	4							7.0
3. The work of the presenter(s) were:	5							7.0
4. The ideas and activities of the workshop were:	3	2						6.6
5. The scope (coverage) was:	4	1						6.8
6. My attendance at this workshop should prove:	5							7.0
7. Overall, I consider this workshop:	5							7.0
8. Do you feel a need for additional information about this topic?	YES 2						NO 1	

OVERALL MEAN SCORE: 6.8

Sighted Guide Retreat Workshop Comments
November 8, 1994

The Stronger Features of the Workshop Were:

Trial of being deaf/blind.

Personal hands on experience.

Hands on activities. Would like to come back for further training with student.

The Weaker Features Were:

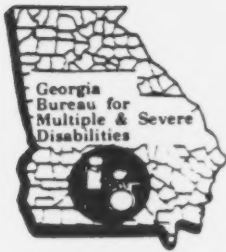
Not enough time to discuss after examples.

General Comments:

I enjoyed and will alter my wants in working with Michael.

**GEORGIA DEAF-BLIND PROJECT INSERVICE DATA
GEORGIA STATE UNIVERSITY GRADUATE CLASS TOTAL
COMMUNICATION FOR DEAF-BLIND
NOVEMBER 4, 1995**

I	PRE-TEST	POST-TEST	DIFFERENCE
1	60	80	20
2	90	90	0
3	60	70	10
4	60	90	30
5	90	90	0
6	70	90	20
7	80	80	0
8	60	90	30
9	80	90	10
10	60	80	20
11	60	90	30
12	70	90	20
TOTALS:	MEAN: 70	MEAN: 85	MEAN: 15
	RANGE: 60-90	RANGE: 70-90	RANGE: 0-30



Bureau for Students
with Multiple and
Severe Disabilities

Department of Educational Psychology and Special Education
Georgia State University • University Plaza • Atlanta, Georgia 30303
(404) 651-2310 • (404) 651-4901 fax

May 24, 1995

Dr. Kathryn Heller
Department of Educational Psychology
and Special Education
Georgia State University
Atlanta, Georgia 30303

Dear Dr. Heller,

Thank you so much for the excellent presentation provided by Doug McJannet for the Bureau for Students with Multiple and Severe Disabilities on Orientation and Mobility for students with deaf-blindness and mental retardation.

The teachers found it helpful and were able to apply the material Mr. McJannet presented with their students with deaf-blindness. I hope that the Georgia Deaf-Blind Project and the Bureau for Students with Multiple and Severe Disabilities will continue their collaborative efforts to provide up-to-date information regarding deaf-blindness to teachers of students with special needs.

I am looking forward to talking with you soon.

Sincerely,

Alison M. Stafford
Technical Assistant

PROJECT INSITE OUTREACH

WORKSHOP EVALUATION

Location of Workshop _____ Date: _____

1. Compared to other programs I have attended, this workshop is in the:
(1) Top 10% (2) Top 25% (3) Middle 30% (4) Bottom 25% (5) Bottom 10%
2. The stated workshop objectives corresponded closely to what has actually been done:
(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree
3. Compared to the instructional staff of other programs, how would you rate the instructional staff of this program?
(1) Top 10% (2) Top 25% (3) Middle 30% (4) Bottom 25% (5) Bottom 10%
4. Did this program generally meet your expectations? YES NO
5. Would you recommend this program to a colleague? YES NO
6. Did you have enough information about this program before you arrived? YES NO
7. If the answer to #6 is NO, please circle the item for which you required additional information:
(1) Registration (2) Lodging/Food Services (3) Parking
(4) Location/Facility (5) Other _____
8. If I had a choice, I WOULD / WOULD NOT (circle one) take a program from this instructor again because:

(see back)

9. I feel adequately prepared to apply to subjects covered:

(1) Strongly Agree (2) Agree (3) Neutral (4) Disagree (5) Strongly Disagree

10. What were the best aspects about this workshop?

11. Describe the most valuable ideas that you received from attending this workshop:

12. How could this program be improved if it is offered again?

PROGRAM DATA OF CHILDREN THREE TO FIVE YEARS OF AGE

Program Data of Children Three to Five Years of Age
1994-1995

Reynolds, D.	8/20/89	Franklin County	Special Needs Pre-school at Lavonia Elementary
Uribe, M.	5/18/90	Tattal County	Pre-School based Program, but she is being served by Migrant Head Start due to language barriers
Hackney, C.	9/14/89	Heard County	Have home and school based program, but child died
Ware, G.	11/4/90	Floyd County	Has home, school, community based program. Child moved.
Jones, M.	8/18/89	Douglas County	School based special needs pre-school program
Hadley, J.	3/12/89	Thomas County	School based program
Walker, C.	3/12/89	Whitfield County	Home based preschool
Hayes, D.	8/17/90	Whitfield County	Home schooled with services from county
Hudson, J.	2/6/90	Bulloch County	School based preschool at Sallie Zetterower Elem.
Wright, T.	4/6/91	Dekalb County	School based at Coralwood
Adams, J.	9/23/91	Bibb County	at Georgia Academy for the Blind
Fernander, A.	12/26/91	Carroll County	home based program
Bridges, J.	8/3/91	Catoosa County	School based program
Hardy, S.	4/4/89	Cherokee County	Elaine Clarke Center
Cranford, J.	3/3/91	Clarke County	Home based
Fikse, A.	2/21/91	CLarke County	School based

Clay, M.	12/21/91 Clayton County Home based
Jones, M.	1/12/90 Dougherty County School based at one elementary school
Finch, J.	10/27/90 Fulton School based
Blairsdell, J.	3/9/91 Gwinnett County School based at Hi Hope
Burnside, A.	7/11/91 Henry County Home based
Power, A.	10/14/90 Coweta County School based program
Humberger, T.	6/6/91 Crips County School based program
Jones, B.	2/7/91 McIntosh County Home based
Stanley, M.	10/16/90 Murray County School based program
Gallagher, E.	2/19/91 Muscogee County School based program
Greer, A.	9/11/89 OConnee County Atlanta Area School for the Deaf
Couch, D.	10/29/90 Paulding County School based
Darrisaw, B.	5/16/91 Richmond County School based program
Jester, A.	2/14/91 Spalding County Home and school programs
Benefield, B.	7/4/91 Troup County Home based program
Robertson, J.	6/20/90 Walton County Brook Run (MR Institution)
Veal, L.	2/23/91 Washington County Home based program

GEORGIA DEAF-BLIND SUMMER INSTITUTE
1994

SUMMER INSTITUTE FOR TEACHERS OF STUDENTS WITH DEAF-BLINDNESS

Simpsonwood Conference Center
Norcross, Georgia

Tentative Agenda

July 18-22, 1994

Monday	-	July 18, 1994	-	Kathleen Stremel (Hearing and Vision and Orientation and Mobility)
Tuesday	-	July 19, 1994	-	Kathleen Stremel (Communication Skills and Family Issues)
Wednesday	-	July 20, 1994	-	Kathleen Stremel (Best Practices and Strategies)
Thursday	-	July 21, 1994	-	Paul Alberto (Behavior Management)
Friday	-	July 22, 1994	-	Joan Houghton Mentoring/Evaluation

The schedule will be from 8 a.m. - 5 p.m., Monday-Thursday, and 8 a.m. - 12 p.m. Friday. Please keep in mind this is a tentative agenda, subject to change. Session topics will be outlined in greater detail as we move closer to our scheduled dates.

1994
GEORGIA DEAF-BLIND PROJECT
NEEDS ASSESSMENT
TEACHER'S EDITION

Name _____
School _____ Telephone () _____
Title of Class _____ Age range of students _____

Please complete this form by checking the area of which you would like to have information or assistance. Read each item carefully, then write the letter on the line that best reflects your level of need or expertise.

RESULTS

A | 8

- A. I need information on basic concepts in this area.
B. I have a general working knowledge in this area.
C. I am well experienced in this area.
D. This area is addressed by Related Service personnel.

I. FUNDAMENTALS

- 27/26 Federal definition of deaf-blindness
21/31 Identification of deaf-blind students
26/34 Characteristics of deaf-blind student

II. EVALUATION

- 21/27 Observation techniques and data collection
23/26 Interpretation of hearing/vision reports and test data
33/16 Diagnostic instruments useful with deaf-blind students
19/14 Assessment of functional hearing
25/14 Assessment of functional vision

III. IEP DEVELOPMENT/IMPLEMENTATION

- 20/22 Academic skills
* 27/21 Communication skills
21/21 Daily living skills
21/21 Socialization skills
28/16 Recreation and leisure skills
22/22 Behavior management
26/18 (Pre)vocational skills
26/19 Transition

IV. INSTRUCTION

- * 44/19 Appropriate materials, equipment and adaptive devices
* 31/15 Orientation and Mobility
19/15 Consultative services
34/21 Community resources, agencies and facilities
26/21 Use of volunteers and teaching assistants
23/19 Involving related service personnel in daily instruction

V. PARENT INVOLVEMENT

- 29/18 Activities to facilitate parent involvement
19/20 Parent rights and other information
33/20 Parent support groups
34/15 Parent workshops

V. OTHER:

THANK YOU FOR YOUR TIME AND COOPERATION!

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Georgia Needs Assessment- 1994- Special Education Directors
Ranked Ordered by Need Special Education Director _____
School System _____
Telephone Number () _____

Georgia Deaf-Blind Mentor Program
Training/Technical Assistance
Needs Assessment

Please check those areas which would be of assistance to your school system.

- 3 1. Individual assessment of a student's functional vision and hearing.
- 4 2. Assistance in planning transition services for students with deaf-blindness.
- 5 3. Assistance in implementation of transition services for students with deaf-blindness.
- 6 4. Participation by deaf-blind consultants in IEP and transition meetings.
- 7 5. Advocacy for deaf-blind students and their families in accessing human services.
- 2 6. Assistance in locating and procuring adaptive materials and equipment.
- 1 7. Training/staff development in working with students with deaf-blindness. (Rank in order of need)
- 1 A. Assessment
 - 2 B. Programming - formulating appropriate goals & objectives.
 - 4 C. Programming - implementing appropriate goals & objectives.
 - 8 D. Behavior management (non-aversive)
 - 3 E. Communication
 - 9 F. Recreation and leisure skills
 - 7 G. Pre-vocational and vocational skills
 - 6 H. Orientation and mobility
 - 5 I. Availability and use of adaptive equipment

How could your training needs be best met? (Rank 1,2,3,4)

- 1 A. Individual consultation
- 2 B. Local in-service (1-3 hours)
- 2 C. Regional Workshops (: to 1 day)
- 3 D. Summer Institute (4-5 days of concentrated training with CE credit)

With which age group(s) are your training needs greatest? (Rank in order)

- 1 A. Pre-school
- 2 B. Elementary
- 4 C. Middle school
- 3 D. Transition students

Thank you for taking the time to respond.

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Summary of Needs Assessment After Summer Institute (1994)

Content I need training on:

Eligibility for HI/VI
Resources (for VI)

CHARACTERISTICS- 5

Deaf-blind background info (medical causes, assessment)
Effects of sensory loss, VI information

STRATEGIES AND ADAPTATIONS- 6

Strategies for db, SID/PID & physical dis.
Assistive technology (1)

FUNCTIONAL VISION & HEARING- 4

* O & M- 10

COMMUNICATION- 7

Signing, Braille
Communication for vocational
Communication with high functioning (co-active, Braille)
Specific electronic devices

CBI/CBVI- 7

BEHAVIOR STRATEGIES- 3

INCLUSION- 6

PRESCHOOL -1

Pre-school vs. early intervention transition plan for 0-2 to
3-5 programs

Process training I need:

Parent involvement

Creative problem solving

Group collaboration/Collaborative Teaming- (6)

Mentor process/duties

Learning styles

Language development

Deal with diff people

GEORGIA DEAF-BLIND SUMMER INSTITUTE, 1994

I. PARTICIPANTS WITH DEAF-BLIND STUDENTS

Teachers who have Deaf-Blind Students:

Diedre Vance-Collier- 1 Ga Pines, Meriwether County

Janet Hanson- 1 Troup County

Maddy Kosson- AASD

Dawn Bosche- Dalton

Amber Wilson- Cherokee

B.J. Frush- Cherokee

Margaret Mitchell- Newton , unsure if wants classroom follow-up

Bert Kostedt- Macon, does not want follow-up in classroom.

Jessica Moreau- Gwinett

Peggy Allgood- AASD.

Teachers who may have Deaf-Blind Students:

Barbara Hart- Marietta City Schools- unsure

Laura Fincher- unsure, does not want classroom follow-up

George Thompkins- Richmond, unsure

Liz Cohen-Dekalb, unsure

Melissa Britt-Snow

II. FINAL EVALUATION

	Poor			Excellent	
	1	2	3	4	5
Accommodations			1	1	14
Location				3	14
Format		1	1	3	11
Overall (content)			1	3	12
Tell others					17

How did you hear about the Summer Institute?

Special Ed. director

Letter sent by Sp. Ed. Coordinator

Special Ed. Director

I received a letter from the Ga. Dept. of Education

Mailing to my school supervisors from Deaf-Blind Project.

Special Ed. Director

HI consortium.

Information was sent to me.

My special ed director approached me.

Mailed to me.

I received a letter from the State Dept.

Our speech teacher received information, but could not attend- so she encouraged me to go.

Other teachers.

An invitation was sent to the Special Education Coordinator, who then passed it on to me.

From MoMH teacher at my school.

Special Ed. Director.

Special Ed. Director

Flyer distributed at school.

What were the strengths of this Institute?

Accommodations, speakers, technical support
Great presenters
Presentation of speakers, information.
Fantastic presenters and cooperative learning.
Experience and knowledge and teaching ability of presenters.
The demonstrations
Information that was useful.
The presenter and the material presented was excellent. The activities were also excellent.
The information and all of the hands-on experience.
Social/informative.
They employed the very best people to cover the areas.
Well-organized-utilized time well, very helpful to have the notebook and copies for notes.
Well-organized.
The array of professionals involved in planning have a wide range of resources and background information.
Presenters were very knowledgeable of subject matter.
Learning new strategies for increasing communication- as well as other skills in children with deaf-blindness and other disabilities.
The expertise of each of the speakers. The speakers complimented each other in the material presented. They did not present over-lapping material.
Very fine presenters- extremely knowledgeable in their fields.

What were the weaknesses of this Institute?

Too long (hrs. per day), too much info- especially with Kathleen 8-5 is a long time.
Lack of time to process and assimilate the information.
None found.
Need to address topic.
Needed more time devoted to Behavior Management. Very much needed for most present.
We needed more research information concerning best practices for sensory impaired children.
Time (8-5, M-F) was very taxing.
The content of the Institute was wonderful and very useful- just too much sitting.
8 am to 5 pm hours- too long to sit per day.
One of the topics was not presented at all: Monday's list: Hearing & Vision Assessment- I was eager to learn about these areas and was disappointed they were not discussed.

Please suggest improvements, changes and additional topics of interest for future workshops and Institutes:

More narrow topics, if kept this long- give more SDU's, make sure speakers bring all the handouts so a person can listen instead of write.

Types of V.I. impairments, causes, etc.

More infer on communication devices and integration into community, activities/structuring for the deaf-blind students.

I would like to learn more about using communication boards (esp. if I work with the deaf students). Maybe learn more about older students.

Additional topics- Strategies for teaching (K-HS), MOID students, signing, teaching strategies for severe/profound students. Thank you for allowing me to participate in this Institute. It was well presented and informative. I'm glad I came. Also, the setting was ideal- it's so tranquil here.

Do it over a 2 week period or offer overnight accommodations to all and do night sessions with more breaks?? (More SDUs of course).

Topics of interest: Transition from the home intervention program to school setting. Making and using communication boards/schedule boxes. Adapting a classroom for vision/hearing students. Adapting a home for vision/hearing impaired students.

Community based/CVI for moderate, severe, and profound populations in rural counties. Improvement: I would like feedback on the action plans.

Tell people that Simpsonwood has no T.V. or radio in rooms- Topic- Blind, color contrast, placement of materials, how to do hand over hand, mobility training, technology used (V-tech, braille writers, etc.). Case history to take? Characteristics of Deaf-Blind, Classroom adaptations, I thought the focus of this was Deaf-Blind, not communication. I needed to know more things specific to Deaf-Blind -syndromes, etc.)

Keep it going. Perhaps 1 or 2 mini workshops during the school year that last 2-3 days at most. Next summer institute- perhaps have real kids for several days to work with. The notebook with the handouts to be used was an excellent idea. Willingness of Toni and Paula to make copies and help with expense forms, etc (Took a tremendous load off those staying at Simpsonwood).

More practical teaching strategies for use in classroom-I received many at this workshop!

Additional topics ma include therapists, such as PT or OT or SLP to include their own format of working with sensor impaired children. We often do not have an idea of what their role will include with our students.

Change the daily schedule form 8-5. I do not know how you would do this and still cover all of your objectives.

More infer on electronics, etc., communication devices. When to use them, where to get them, and how to integrate them into the community.

Make and take type of workshop- Many adaptations/modifications were discussed- where to get these things and/or how to make them. More specific information, "hands-on" types of info regarding, O&M, Braille, co-signing, etc. would be GREAT!. I enjoyed this institute very much and would be most interested in attending any follow-ups.

1995 DEAF-BLIND SUMMER INSTITUTE

PRETESTS/ POSTTESTS

PRETEST- SESSION 1

Last 4 digits of social security number_____

1. What is STORCH and what is its significance to deaf-blindness?
2. What is deaf-blindness?
3. What is an ecological inventory?
4. What type of response prompts can be used with someone who is deaf-blind?
5. List the major principles of positioning.
6. What is CHARGE Association?
7. Explain how deaf-blindness impacts on an individual.
8. What curriculum considerations need to be taken into account with an individual who is deaf-blind?

Summer Institute 1995: Session 1
 Etiology, Characteristics, & Instructional Strategies
 Pre-Post Test

Participants	Pretest	Post test	Difference
1	40	80	40
2	50	90	40
3	50	70	20
4	50	90	40
5	60	100	40
6	70	100	30
7	0	80	80
8	50	80	30
9	60	100	40
10	50	100	50
11	40	80	40
12	60	100	40
13	50	100	50
14	70	100	30
15	60	100	40
16	50	80	30
17	90	100	10
18	40	90	50
19	30	80	50
20	40	90	50
21	60	100	40
22	50	100	50
23	40	100	60
24	--	90	-
25	--	80	--
26	--	70	--
27	--	100	100
	Range: 0 -90 Mean: 50.43	Range: 70- 100 Mean: 90.74	Range: 10 -80 Mean: 41.30

COMMUNICATION FOR STUDENTS WHO ARE DEAF-BLIND

Last Four Digits of Social Security Number _____

Circle one: Pretest Post-test

1. List three types of nonsymbolic forms of receptive communication used with students who are deaf-blind.
2. Explain one way you can sequence experiences for a student who is deaf-blind.
3. What are three ways you can tactually fingerspell with a student who is deaf-blind?
4. List three considerations for teaching Braille to a student who is deaf-blind.
5. What are three strategies you can use to increase opportunities for communication with students?
6. What are three major categories of access to using tactile or visually enhanced symbols?
7. How do you determine the type of vocabulary selection for an AAC device?
8. List the different phases of a movement approach to communication for students who are deaf-blind.
9. List the different phases of a object approach to communication for students who are deaf-blind.
10. What is an electronic signing device?

Summer Institute 1995, Session 2 Communication, Pre-Post Tests

Participants	Pretest	Post test	Difference
1	0	80	80
2	10	90	80
3	30	80	50
4	20	100	80
5	20	70	50
6	0	100	100
7	20	80	60
8	40	90	60
9	20	80	60
10	20	90	70
11	0	90	90
12	10	80	70
13	30	100	70
14	30	100	70
15	30	100	70
16	40	100	60
17	10	70	60
18	50	90	40
19	20	100	80
20	20	80	60
21	10	100	90
22	40	100	60
23	30	100	70
24	20	90	70
25	40	80	40
26	50		
27	30		
28		60	
	Range: 0 -50 Mean: 23.70	Range: 70- 100 Mean: 88.46	Range: 40- 100 Mean: 67.60

Summer Institute 1995: Session 2 Analysis of Behavior, Pre-Post

FUNCTIONAL ASSESSMENT/ANALYSIS OF BEHAVIOR

Pre-Post Test

1. What is the meaning of the Principle of Least Intrusive Alternative?
2. What is one question attempted to be answered by conducting a functional assessment/analysis of behavior?
3. What are two functions served by inappropriate behavior?
 - a)
 - b)
4. What are two environmental antecedents of inappropriate behavior?
 - a)
 - b)
5. What is the purpose in using the Motivational Assessment Scale (MAS)?

Summer Institute 1995: Session 2 Analysis of Behavior, Pre-Post

Participants	Pretest	Post test	Difference
1	20	80	60
2	40	100	60
3	0	100	100
4	40	80	40
5	60	100	40
6	80	100	20
7	0	80	80
8	60	100	40
9	20	80	60
10	40	100	60
11	60	100	40
12	0	100	100
13	40	100	60
14	40	100	60
15	40	100	60
16	20	80	60
17	20	100	80
18	40	100	60
19	20	100	80
20	0	80	80
21	0	100	100
22	60	100	40
23	20	100	80
24	40	100	60
25	20	--	--
26	40	--	--
27	--	100	--
28	--	100	--
29	0	60	60
	Range: 0 - 80 Mean: 30.37	Range: 60 -100 Mean: 94.07	Range: 20 -100 Mean: 63.20

ORIENTATION & MOBILITY FOR DEAF-BLIND STUDENTS

Circle: pretest posttest

Social Security Number (last 4 digits) 8751

1. When signing directional information to deaf-blind travelers, two considerations are to:

1.

2.

2. when a sighted guide nears doors or stairs with a deaf-blind traveler, it is important to:

1.

2.

3. A good landmark is one that:

4. Upon planning a particular route for a deaf-blind traveler, some important considerations are:

5. Upon teaching a low functioning, inexperienced traveler a particular route, instructional means may include:

Summer Institute 1995: Session 3, Orientation & Mobility

Participants	Pretest	Post test	Difference
1	20	100	80
2	60	80	20
3	0	100	100
4	20	80	60
5	0	80	80
6	0	100	100
7	0	80	80
8	20	100	80
9	60	80	20
10	0	80	80
11	20	100	80
12	40	100	60
13	40	100	60
14	0	100	100
15	100	100	0
16	80	100	20
17	0	--	--
18	0	--	--
19	20	--	--
	Range: 0- 100 Mean: 25.26	Range: 80- 100 Mean: 92.50	Range: 0 -100 Mean: 63.75

4881
SOCIAL SECURITY NUMBER

PRE/POST TEST ON TRANSITION

1. ☒ T ☐ F Transition planning is for special education students who need extra assistance in planning their future.
2. ☐ T ☒ F Students must be invited to their transition meetings.
3. ☐ T ☒ F Transition planning should focus on employment, residential options and community access.
4. ☐ T ☒ F The Division of Rehabilitation Services (DRS) only serves students after they graduate.
5. ☐ T ☒ F Transition goals should be written behaviorally, much like IEP goals.
6. ☒ T ☐ F Transition planning occurs at three levels: state, district and individual.
7. ☐ T ☒ F The following must be included in the ITP: community experiences, instruction, employment and adult living objectives, daily living skills and functional vocational evaluation.
8. ☐ T ☒ F DRS must evaluate students to determine if they can possibly work.
9. ☐ T ☒ F Labor law allows students to train in real work settings for unlimited hours if they are supervised constantly by school system employees.
10. ☒ T ☐ F Community-based Vocational Training is designed for students who will most likely need on-going support once they become employed.
11. ☐ T ☒ F Work study programs and Community-Based Vocational programs are the same type of program.
12. ☒ T ☐ F The intent of the Transition component of the IEP is to link students with other agencies besides the school.
13. ☐ T ☒ F In Georgia, residential services are readily available to adults with disabilities.
14. ☒ T ☐ F Eligibility for SSI changes when an individual turns 18 even though s/he may still live at home.
15. ☐ T ☒ F Medicaid benefits that go along with SSI discontinue as soon as the SSI stops.

On the back of this page, list at least four areas to consider during the Transition meeting.

Summer Institute 1995: Session 3, Transition
Pre-Post Tests

Participants	Pretest	Post test	Difference
1	45	70	25
2	65	80	15
3	50	70	20
4	40	60	20
5	50	80	30
6	80	90	10
7	75	90	15
8	60	90	30
9	50	80	30
10	55	55	0
11	65	75	10
12	60	80	20
13	45	60	15
14	75	80	5
15	75	85	10
16	55	70	15
17	50	65	15
18	55	65	10
19	55	75	20
20	60	80	20
21	70	90	20
	Range: 40 -75 Mean: 58.81	Range: 55-90 Mean: 75.71	Range: 0 -30 Mean: 16.90

1995 DEAF-BLIND SUMMER INSTITUTE
SATISFACTION DATA

WORKSHOP EVALUATION SCALE SUMMARY

DEAF-BLINDINSTITUTE SESSION 1

	7 EXCELLENT	6	5	4	3	2	1, POOR	MEAN
1. The organization of the workshop was:	16	5	1	1				6.56
2. The objectives of the workshop were:	19	3	1					6.78
3. The work of the presenter(s) were:	18	4	1					6.73
4. The ideas and activities of the workshop were:	14	9						6.6
5. The scope (coverage) was:	15	6	1	1				6.52
6. My attendance at this workshop should prove:	16	4						6.8
7. Overall, I consider this workshop:	18	5						6.78
8. Do you feel a need for additional information about this topic?	YES 19						NO 1	

OVERALL MEAN SCORE: 6.68

WORKSHOP COMMENTS

The Stronger Features of the Workshop Were:

Energetic, enthusiastic, excited and informed speakers.

Great teachers

Visions

The presenters depth of knowledge and ability to get the material across to the students

Good presentations that followed main idea and materials

Great presenters, interesting information.

The task analysis activity and demonstrations of positioning

The practical demonstrations and simulations were fantastic

PT information, review of instructional techniques, the text

Presenters were very knowledgeable in subject areas; lot of reading materials provided, good hands on activities

Involvement of students knowledge of presenters

Knowledge of speakers-scope of information

You responded to needs presented last year.

Facilities presenters were great

Amount of variety of information

Hands on practices, videos, actual examples, time for questions.

The Weaker Features Were:

Small room, difficult for signing

The room wasn't that great

Too much presented in short time. Difficult to sit so long

At times lack of involvement of students

Topics were discussed briefly and fast

Went a little fast at times.

Room

Need more information related to deaf education and adaptations

The fast pace of the workshop to get all the material in

Too much material at times

General Comments:

Looking forward to the next two weeks

Great workshop in that it is giving me ideas to take back to my classroom

Need more breaks

I've learned a great deal in the past three days.

I liked the schedule this summer better than that of last summer.

Would like to learn about transitional from education to rehabilitation or workshop world

Excellent once again. Always am able to bring new ideas back to my classroom and students.

Name tags at least 1st day would help

Great I really enjoyed it

Very good

I feel Simpsonwood is a lovely place and they have been wonderful.

I've learned very much here. It is something that I really needed

Excellent energetic, motivational, great job.

A lot seemed to be on the vision side of which I am more familiar

WORKSHOP EVALUATION SCALE SUMMARY

DEAF-BLINDINSTITUTE SESSION 2

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	22	5						6.81
2. The objectives of the workshop were:	23	3	1					6.81
3. The work of the presenter(s) were:	23	3	1					6.81
4. The ideas and activities of the workshop were:	21	5	1					6.74
5. The scope (coverage) was:	18	8	0	1				6.59
6. My attendance at this workshop should prove:	20	6	2	1				6.55
7. Overall, I consider this workshop:	20	6	1					6.70
8. Do you feel a need for additional information about this topic?	YES 19						NO 1	

OVERALL MEAN SCORE: 6.71

Workshop Evaluation Scale Comments:

The Strong Features of the Workshop Were:

Behavior

Handouts and materials

How to set up communication criterion and vocabulary. Not to start concrete and progress to more complicated AAC's.

The ideas presented were those you could take back and use in the classroom.

Excellent examples. Great presenters.

Variety of speakers with different expertise was very beneficial. Much hands on information.

Presentations very informative.

Variety, multiple approaches flexibility.

Great teachers.

All speakers were well prepared and knowledgeable

Energy of presenters, usefulness and application of shared topics.

A variety of speakers, methods and ideas were presented.

Well organized, very nice conference center. Good hand outs.

Clarity and organization

Dynamic perspective of providing services for deaf-blind.

The special presenters were fabulous and the videotapes of actual students were helpful.

Symbols of other tactile means.

Situation specific information

Enthusiastic presenters.

Great week. I would like to see more of what other teachers are doing.

The projects and ideas that were presented to the group.

Presenters very knowledgeable in their topics; good videotapes for examples.

The Weaker Features of the Workshop Were:

Wish VCR worked better and overhead more clear.

Not enough time

Not as much hands on this week

More Time

The presenter skipped a lot of information due to time. He talked on different topics very fast.

Overhead was blurry.

Too much in too little time. More problem solving.

Visual aids were used frequently but seat arrangements were not favorable.

Geared more toward older students and adults--seemed to focus more on vocational issues and job placement issues.

General Comments:

Good and very interesting.

Wonderful

Great workshop

Relating to communication-really neat. That is really for all areas of deaf-blind and appropriate disabled children.

Great speakers

Great job.

I have learned a great deal. I feel this was a great use of my time.

Please keep doing more workshops. Keep me on your mailing list.

The workshop was very practical

Extremely good overall. Need more information about infants and toddlers and how to work with them and their parents. Help with early intervention and preschool.

Excellent-systematic good video presentation.

I've learned more than I thought possible in the last three days.

Next year a class on signing for those of us who have no or poor signing skills would be beneficial.

WORKSHOP EVALUATION SCALE SUMMARY

DEAF-BLINDINSTITUTE SESSION 3

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	17	3						6.8
2. The objectives of the workshop were:	15	5						6.75
3. The work of the presenter(s) were:	15	5						6.75
4. The ideas and activities of the workshop were:	152	5						6.75
5. The scope (coverage) was:	16	6						6.72
6. My attendance at this workshop should prove:	16	4						6.8
7. Overall, I consider this workshop:	17	3						6.8
8. Do you feel a need for additional information about this topic?	YES 15						NO 2	

OVERALL MEAN SCORE: 6.76

WORKSHOP COMMENTS

The Stronger Features of the Workshop Were:

Good hands on in O&M technology

The change to try out some of the aug comm equip. The hands on orientation and mobility experiences on techniques.

Social security, orientation and mobility and technology wee all very informative.

Practicality, functional, handouts and materials

Hands on O&M and the variety of topics that were covered

Information and clarification on SS and connection between rehabilitation and schools.

Variety of topics

Variety of speakers and programs

Applicability of information different experiences and attendees, and the networking

Presenters very knowledgeable in their fields

A broad scope of information given was beneficial for a variety of professionals

Variety and scope of all the presenters

Hands on O&M technology, presentations

The Weaker Features Were:

One days with long lectures could use more stand up breaks

SSI segment dragged

Time frame in which each topic was presented was limited.

Need more time for hands on especially O&M

Almost too much info and not enough time.

Not enough student involvement in transition, SSI segment

Lack of frequent breaks

General Comments:

Institute very worthwhile. I learned much valuable information.

I would like to receive training on some of the ACC but I understand that Kim will be doing some workshops

So much information was given. Need for more.

Great Info

Well organized, well thought out, great facility

I really enjoyed the presenters and also Simpsonwood.

Excellent workshop that will provide to be quite useful

Would like to have some info related to classroom for deaf and deaf culture

Enjoyed

I am very pleased with the institute and would like to attend more

Please find a better location.

Complete institute was worthwhile and interesting.

GEORGIA DEAF-BLIND SUMMER INSITUTE LIST FOR 1995
GRADUATE ROLE FOR METHODS COURSE ON DEAF-BLINDNESS

PARTICIPANTS SUMMER INSTITUTE

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GEORGIA STATE UNIVERSITY

PRELIMINARY ROLL -- SUBJECT TO REVISION DO NOT RETURN

PAGE 1 OF 1

CLASS LOCATION	QUARTER	DATE	NAME OF PROFESSOR				
SIMPSONWD	SUMMER	06/19/95	HELLER KATHRYN W				
COURSE DESCRIPTION		COURSE	SEC	TIME	DAY(S)	COMPUTER NUMBER	HOURS CREDIT
		EXC 896M	01	09:00	MTW	2646	99.0

	SOCIAL SECURITY NUMBER	NAME OF STUDENT	CREDIT HOURS	WITHDRAWAL DATE
1	258-39-5992	INGRAM MICHAEL TYRONE	05.0	
2	056-70-3873	MCJANNET DOUGLAS A	05.0	
3	373-72-5636	MOREAU JESSICA M	05.0	
4	251-33-8751	MURRAY ZELMA C	05.0	
5	262-59-4203	QUEEN NOREEN LEE	05.0	
6	251-35-3019	VANCE DIEDRE MICHELLE	05.0	
7	261-31-0879	WELTY KARLENE ROARK	05.0	
8	253-15-9669	WHISNANT ANTHONY WAYNE	05.0	
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METHODS OF TEACHING STUDENTS WITH DEAF-BLINDNESS COURSE SYLLABUS

GEORGIA DEAF-BLIND INSTITUTE
Methods of Teaching Students Who Are Deaf-Blind

Summer 1995
Kathryn Heller

Simpsonwood Retreat Center
Phone: 651-2310

Texts:

Heller, K.W., & Kennedy, C. (1994). Etiologies and characteristics of deaf-blindness. Monmouth, OR: TRACES

Goetz, L., Guess, D., & Stremel-Campbell, K. (1987). Innovative program design for individuals with dual sensory impairments. Baltimore: Paul H. Brookes Pub. Co.

Assigned Articles

OBJECTIVES

1. Student will demonstrate knowledge of the etiologies of deaf-blindness and its impact on infancy, early childhood, school-age, and transition age individual.
2. The student will demonstrate knowledge of how to promote residual vision and hearing.
3. The student will demonstrate knowledge on how to provide adaptations to promote learning.
4. The student will demonstrate knowledge of curriculum considerations and instructional strategies of students with deaf-blindness.
5. The student will demonstrate knowledge of current issues in the area of deaf-blindness.
6. The student will demonstrate knowledge of appropriate techniques in nonsymbolic communication for students with deaf-blindness.
7. The student will demonstrate knowledge in symbolic communication for students with deaf-blindness.
8. The student will demonstrate knowledge of the correct application of behavior management techniques.
9. The student will demonstrate knowledge of how to promote transition for students who are deaf-blind.
10. The student will demonstrate knowledge of orientation and mobility techniques specific to students with deaf-blindness.
11. The student will demonstrate knowledge of application of technology for students with deaf-blindness.

TOPIC SEQUENCE

SESSION 1: CHARACTERISTICS AND INSTRUCTIONAL STRATEGIES OF
TEACHING STUDENTS WHO ARE DEAF-BLIND

July 10, 11, & 12

Readings: Heller & Kennedy book

Goetz, Guess, & Stremel:
Chapter 1, 4, 5, 7, 9, 10

Downing & Eichinger article

SESSION 2: PROMOTING COMMUNICATION WITH STUDENTS WHO ARE DEAF-
BLIND AND BEHAVIOR MANAGEMENT STRATEGIES

July 17 & 18: Communication

July 19: Behavior Management Strategies

Readings: Goetz, Guess, & Stremel: Chapter 2, 3, 8

Articles

SESSION 3: TRANSITION, ORIENTATION & MOBILITY, TECHNOLOGY FOR
STUDENTS WHO ARE DEAF-BLIND

July 24: Transition

July 25: Orientation & Mobility

July 26: Technology

Readings: Goetz, Guess, & Stremel: Chapter 6, 11

For University Credit:

1. Paper on teaching a skill to a student who is deaf-blind
2. Make a tactile communication system for a student who is deaf-blind (include paper on description of student, rationale for vocabulary selection, how would teach it)
3. Write up three types of technology you can use with a student who is deaf-blind. Include what it is for, who it is for, how would you teach it, advantages and disadvantages.
4. FINAL EXAM: August 2 at Georgia State University

Grading:

Paper = 50 points
Tactile Communication System= 50 points
Technology= 50 points
Exam= 100 points

1994-1995 WEEKEND RETREAT DATA
PRE/POST TESTS AND SATISFACTION FORMS

**WEEKEND RETREAT I
WORKSHOP EVALUTION SCALE SUMMARY
ORIENTATION, MOBILIGY AND COMMUNICATION**

FEBRUARY 4, 1995

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	9	5	2					6.4
2. The objectives of the workshop were:	12	3	1					6.6
3. The work of the presenter(s) were:	14	2						6.8
4. The ideas and activiutes of the workshop were:	12	3	1					6.6
5. The scope (coverage) was:	8	5	2					6.4
6. My attendance at this workshop should prove:	7	7	2					6.3
7. Overall, I consider this workshop:	12	3	1					6.6
8. Do you feel a need for additional information about this topic?	YES 13						NO 1	

OVERALL MEAN SCORE: 6.5

Georgia Deaf Blind Retreat Workshop Comments
February 4, 1995

The Stronger Features of the Workshop Were:

Activities and speakers

The thorough planning and preparations; the way the presenters put everyone at ease-very relaxed learning atmosphere

Practical experience and relaxed atmosphere.

The instructors knew their materials and had plenty of experience to share. Variety of techniques was also nice

The actual activities we participated in.

Hands on experience with the techniques described and insight into various handicapping conditions.

Instruction in O&M techniques.

Hands on activities participating in deaf-blind/sighted guide all a good refresher from school

Lots of participation, visual and hands on materials.

Activities, interactive tone of the activities.

Enthusiasm, wonderful attitudes, wealth in information, good criticism.

Variety, clarity and expertise.

Hands on communication devices and simulations. Speakers that were full of energy and open to questions.

The presenters' excitement and knowledge scope, willingness to provide resources.

Hands on experiences. Everyone knew what they were talking about and doing.

Experiences with simulated impairments video of real experiences in classroom and other situations.

Hands on experience.

Experience of the different visual impairments. Wonderful videos.

For me, an introduction to deaf-blindness.

Very knowledgeable presenters. Participants also had numerous experiences to share.

The Weaker Features Were:

Video

More handouts would have been helpful.

Video sound was poor

Too short. Need to see more video on use of push toys etc.

Not enough time for learning. Should have been longer. I want more handouts.

More time to explore mobility techniques for deaf/blind and possible demonstration of an actual route by presented as a guide for teaching.

Needed one or two minute stand up breathers.

Not long enough because of time factors. Would have enjoyed more than an overview.

A review of basics-as a vision teacher, I know little about deafness.

General Comments:

I thought I knew more than I did in some areas and found out I know more than I thought in others. Looking forward to April. I really need this information.

Good job.

Look forward to more in-depth instruction in O&M techniques.

Excellent information. Ideas that I can use. The workshop provided a lot of information that I needed exposure to.

Very good. I hadn't done the deaf blind before.

Great workshop. Lots of good information.

Much better than last summer.

Most enjoyable and information session. The location for the workshop was great.

The location was relaxing. The information presented was excellent.

Great job.

Thank you for the experience.

Very informative.

Excellent workshop.

Very good workshop. Thanks.

WEEKEND RETREAT I
GEORGIA DEAF BLIND PROJECT INSERVICE DATA
SIMPSONWOOD ORIENTATION AND MOBILITY I

II.	PRE-TEST	POST-TEST	DIFFERENCE
1	30	100	70
2	20	80	60
3	70	70	0
4	20	100	80
5	50	80	30
6	50	70	20
7	30	80	50
8	20	100	80
9	0	90	90
10	40	90	50
11	10	90	80
TOTALS	MEAN: 30 RANGE: 0-70	MEAN: 86 RANGE: 70-100	MEAN: 55 RANGE: 0-90

**WORKSHOP RETREAT II
WORKSHOP EVALUATION SCALE SUMMARY**

ORIENTATION AND MOBILITY II AND USHER'S SYNDROME

APRIL 7-8, 1995

	7 EXCELLENT	6	5	4	3	2	1 POOR	MEAN
1. The organization of the workshop was:	9	6	1					6.5
2. The objectives of the workshop were:	13	3						6.8
3. The work of the presenter(s) were:	9	4	1					6.5
4. The ideas and activities of the workshop were:	10	4	1					6.6
5. The scope (coverage) was:	6	8	2					6.25
6. My attendance at this workshop should prove:	10	5						6.6
7. Overall, I consider this workshop:	12	3						6.8
8. Do you feel a need for additional information about this topic?	YES 14						NO 1	

OVERALL MEAN SCORE: 6.5

Usher's Syndrome Orientation and Mobility Workshop Comments
April 7-8, 1995

The Stronger Features of the Workshop Were:

Numerous persons with lots of experience, knowledge of the presenters.

I enjoyed listening to a person with Usher's syndrome present the information and give personal insight. Meeting and talking with other professionals in the field.

Having a person with Usher's syndrome actually lecture on it.

The hands-on experiences and activities. The information and hand outs will also be helpful.

Friday night presenters. Also person with Usher's syndrome interpreters.

Different presenters with perspectives from all (practical, theory, experience, work, Usher's syndrome person) which provided a well rounded background and extremely interesting.

Activities and speakers regarding Ushers syndrome.

All presenters extremely knowledgeable and with considerable experiences. Very interesting. Hands on activities were excellent.

Very practical.

Friendly rapport and the correct, good information.

Activities in pm and shared ideas.

The thorough planning and preparations; the way the presenters put everyone at ease-very relaxed learning atmosphere

The Weaker Features Were:

Goes too long on Saturday afternoon on a beautiful day.

Wish more people had been able to attend as was a wonderful workshop.

At times perhaps discussion drifted. Some pains might have been better explicated.

General Comments:

Extremely good workshop

I learned a lot and really enjoyed the learning.

Great job.

Excellent

Fantastic resource that I will definitely use.

Very informative, practical information presented in a variety of ways to ensure participation and learning. Thanks.

To share in this area is great. Let's do more and toward more expertise for us all

I thought I knew more than I did in some areas and found out I know more than I thought in others. Looking forward to April. I really need this information.

WEEKEND RETREAT II
GEORGIA DEAF BLIND PROJECT INSERVICE DATA
SIMPSONWOOD USHER SYNDROME

III.	PRE-TEST	POST-TEST	DIFFERENCE
1	80	100	20
2	60	90	30
3	50	100	50
4	80	100	20
5	50	90	40
6	70	90	20
7	90	90	0
8	80	90	10
9	70	80	10
10	80	80	0
11	60	90	30
TOTALS:	MEAN: 70	MEAN: 90	MEAN: 20
	RANGE: 50-90	RANGE: 80-100	RANGE: 0-50

WEEKEND RETREAT II
GEORGIA DEAF BLIND INSERVICE DATA
SIMPSONWOOD ORIENTATION AND MOBILITY II

IV	PRE-TEST	POST-TEST	DIFFERENCE
1	50	100	50
2	50	100	50
3	70	100	30
4	40	90	50
5	20	100	80
6	20	90	70
7	30	90	70
8	40	100	60
9	50	100	50
10	80	100	20
TOTALS	MEAN: 45	MEAN: 97	MEAN: 53
	RANGE: 20-80	RANGE: 90-100	RANGE: 20-80

SAMPLE ON-SITE TECHNICAL ASSISTANCE ACTIVITIES

1994-1995

TECHNICAL ASSISTANCE FOR GEORGIA DEAF-BLIND PROJECT
OCT 94-SEPT 95

CONSULTANT: DOUG MCJANNET

IMP=IMPLEMENTED

P.IMP= PARTIALLY IMPLEMENTED

I=INITIATED

NO PROGRESS

Date/ Location	Objective	Initial Status and Follow Up	Inservice
10/94 AASD / Deaf Blind Advisory Board Meeting	Discuss new structure of project and announce new officers.	Implemented	
10/94 AASD meeting of Georgia Deaf- Blind Project staff	Establish goals for the year ie. census, retreat presentations	Initiated, Latest data to be collected by members of Georgia Pines, Communication and O & M discussed as possible retreat content	
10/94 Psych Ed Center, Clayton Co. Weekly team meetings.	Determine teaching strategies for deaf-blind student.	Initiated as IEP goals are identified with focus on communication.	
10/94 Helen Keller Southeast Office	Establish program plan for upcoming inservice on deaf-blind O & M	Initiated Outline is complete and will be reviewed before next meeting.	
10/94 Ed. Psych Center, Clayton Co. 2 visits a week.	1. M. will demonstrate use of an object calendar system in class.	P.IMPLEMENTED, behavior problems a concern	

	2. M. will demonstrate effective travel skills indoors using trailing technique.	P.IMP Oct, Nov. student not consistent with behavior concerns	
10/94	3. M. will demonstrate correct use of a tether to travel sighted guide	P.IMP in October, (lacks consistency)	
	4. M. will demonstrate use of expressive communication with object system in Cafeteria.	P.IMP but behavior has caused inconsistent performance.	
10/94 Home Visit, Cobb Co.	Provide Technical assistance to mother of 15 mos old deaf-blind child	Initiated some daily routines for mom to use to encourage vision use in home.	
11/94 Ed Psych Center, Weekly Meetings	How to deal with M's weak communication skills/ and behavior problems in class		
11/94 Birney ELeментарy, Cobb	1. A. will demonstrate receptive and expressive communication skills using an object calendar system.	Initiated in Nov and Implemented in Dec.	
	2. A. will travel more efficiently in the classroom.	Initiated in Nov and Implemented by Jan.	

11/94 Ed Psych Center	Provide staff and administrators with knowledge of O&M techniques	Implemented	O&M tech for Deaf-Blind
11/94 Calhoun Gordon Central High School	1. T. will demonstrate effective use of her residual vision by traveling independently inside the school.	P.IMP in November and IMP by Dec.	
	2. T. will demonstrate receptive and expressive sign skills.	P.IMP in Nov and IMP in Dec.	
11/94			
11/94 Mitchell County Elementary School, Camilla GA.	VISION: 1. S. will employ his residual vision to locate a bright colored utensil at meal time.	Initiated during visit to class/ follow up visit planned	
	2. S. will employ his residual vision to locate a bright colored switch	Initiated/ see follow up	
	3. S. will employ his residual vision to make a choice between two items at meals	Initiated/ see follow up	

	4. S. will employ his residual vision to locate photographs of family members in a photo album	Initiated/ recommendation	
	5. S. will employ his residual vision to locate a bright colored toy or mobile	Initiated/ recommendation	
	6. The teacher will maintain a daily journal of the student's vision responses	Initiated/ recommendation	
11/94	COMMUNICATION: 7. S. will listen to a tape and follow directions/ tape features voice of family member	Initiated/ recommendation	
	8. Teacher will employ system of least prompts using visual, tactile and auditory stimuli.	Initiated/ Recommendation	
	9. S. will demonstrate use of a schedule box calendar system.	Initiated/ Recommendation	
	SOCIAL SKILLS: 10. S. will participate in activities in the school environment, ie. chorus day, career day...	Initiated/ Recommendation	

11/94 Washington Middle School Demonstration site/ Cairo Ga.	1. K. will stay awake for longer periods of time as a result of efforts to communicate with her.	Partially Implemented	
	2. K. will be included in activities with other students,	Partially implemented	
	3 K. will be introduced to a object calendar system.	Partially implemented and will require support and follow up	
11/94 Washington Middle School, Cairo Ga. Demonstration site	4. K. will listen to different types of sounds as part of a functional hearing assessment	Initiated with some instruments at school	
	5. The teacher will create an age appropriate environment,, decor, materials	Initiated / recommendations made/ follow up needed	
	6. The teacher will observe the child's vision behavior/ take some data daily	Partially Implemented/ demonstrated by consultant	
	7. K. will respond to the sound of her father's voice on tape	Initiated	
	8. K. will eat semi- independently with teacher introducing bright colored spoon	Initiated	

12/94 Ed Psych Center, Weekly Meetings	1. M. will demonstrate effective use of his object calendar system/ decreased self-abusive behavior	Partially Implemented using familiar items for meal times.. behavior still a concern.	
12/94 Move Office to new building on Pryor Street	SETTLED!!!!		
12/94 Elljay Primary School	1. The teacher will teach S. to use a modified cane inside the school.	P.IMP during 2 day visit to schools. Follow up in Feb.	
same	The staff members will demonstrated protective and sighted guide techniques.	Implemented	O & M intro plus communication skills.
12/94 Southside High School, Atlanta	1.The teacher will learn how to monitor E's use of a travel cane.	Initiated/ Paratially Implemented	
	2. The staff working with E. will maintain data on the student's orientation skills	Initiated/ Implemented in IEP	
	3. E. will be positioned in the class so that he can take full advantage of his residual hearing	Implemented for all classes	
1/95 New Office Orientation/ MOVE			

1/95 Ed Psych Center, Weekly meetings for M.	1. M. will demonstrate effective use of sign language while using his object calendar.	Partially Implemented as M. is using 2 or 3 signs for expressive communication.	
1/95 Team meeting/ Deaf-Blind Project Staff	Discussion of video project.	Initiated/ delegation of personnel to work with production	
1/95 Atlanta Area School For The Deaf	Advisory Board Meeting with featured speaker Toni Bowen/ Path	Implemented	PATH/ Initiated discussed who we are as a group/ hopes dreams
1/95 Pee Dee Ctr. South Carolina, 4 day visit to schools of teachers in Florence SC.	Staff members will demonstrate understanding of modifications for deaf-blind students.	Implemented	Advanced O & M and communication.
McLaurin Middle School, Florence SC.	1. Teacher will initiate independent travel by J. by having him travel to destinations included in daily routine	Partially Implemented	
	2. Teacher will identify if J. is using his cane correctly. correct use of cane.	Partially Implemented	
	3. J. will follow a series of directions in order to locate destination	Partially Implemented	

	4. J. will employ a partial object calendar to complete routes in school	Partially Implemented	
1/95 Delmae Elementary, Florence S.C.	J.E. will have a functional vision assessment	Initiated/recommended	
1/95 Delmae Elementary, Florence S.C.	J.E. will be introduced to high contrast materials in class.	Partially Implemented	
1/95 Georgia Sensory Rehab Center.	Establish Parent group for Deaf-Blind Students	Purpose of group is discussed and plans initiated	Deaf-Blind Parent Group
2/95 Simpsonwood Retreat GA.	Provide teachers training in Communication methods and basic O & M skills.	IMP	Retreat training program #1, Approx 22 Teachers. 2, interps
2/95 Pennville, GA, Chatooga Co.	1. M. will respond to the presentation of a name sign	P. implemented during 2 day visit	
	2. M. will locate her desk which has an object cue on it.	P. IMP during 2 day visit to school	
2/95 Helen Keller Regional Office	Determine next meeting and mailing for Parent Group	Implemented	
3/95 Gardner Newman Middle School, Columbus Ga. EPIC program	MOBILITY: 1. R. will keep his head upright when walking so he can take advantage of residual vision	Partially Implemented	

3/95 Gardner Newman Middle School, Columbus Ga. EPIC program	2. The teacher will monitor the speed that R walks in the school. He loses his balance if he walks quickly.	Partially Implemented	
	COMMUNICATION: 3. The teacher will get R's visual attention by moving into his visual range of 6 to 8 inches.	Partially Implemented	
	4. Teacher will make sure R's head is directed toward her. (Hand over hand help to position face)	Partially Implemented	
	5. The teacher will enlarge the symbols on communication cards and increase the color contrast quality.	Partially Implemented	
	6. R. will follow his schedule using the symbol card system.	Initiated/ Made sample schedule	
	7. GYM: R. will participate in eye-hand activities modified for his vision loss. ie. Bright contrasting bowling pins	Partially Implemented	

3/95 Birkmar High School	Provide feedback on communication system employed with J.	The teacher and deaf intervenor are doing a wonderful job.	
3/95 Pine Mtn. Ga.	COMMUNICATION 1. K. will recognize braille labels to identify objects in the classroom.	Initiated	
	2. K. will use a braille schedule on a daily basis.	Initiated	
3/95 Pine Mtn. Ga	3. K. will respond correctly to questions related to readings 85% of the time. long/short memory, can make his tapes	Initiated	
	4. K. will make up stories, selecting his favorite topics, using braille	Initiated	
	ORIENTATION AND MOBILITY: K will travel in the class using his travel cane.	P. IMP during visit to class	
3/95 Begin Program, Center For The Visually Impaired.	Provide technical assistance to a teacher with young deaf-blind student	Complete/ initiated some ideas about systems of communication	
3/95 Georgia Deaf-Blind Advisory Board	Complete PATH presentation/ create a map of dreams/nightmare expectations	Implemented	long term future planning inservice completed

4/95 Simpsonwood	Provide teachers with training in Usher Syndrome and intermediate and advanced O & M skills	Implemented/ very positive response to this program	Retreat Program #II Approx 21 people. 2 INTERP
4/95 Ga. Academy For the Blind	Meeting with teacher to discuss augmentive communication and orientation and mobility for deaf-blind students	Partially Implemented some techniques in O&M and communication... ie., object calendar	
5/95 Westside Elementary, Coffee Co.	1. K. will demonstrate correct use of the object calendar schedule	Initiated during 3 day visit to schools/ follow up planned at later date	
5/95	2. K. will travel around the classroom independently using his residual vision.	Initiated with teacher/ follow up planned & inservice	
5/95	3. Teacher will maintain data related to K's indivual route travel.	Initiated with simple data sheet.	
5/95	4. Teacher will employ a daily journal to assess vision behaviors. ie. tracking, scanning	Initiated during observation of infant in class. Consultant provided example	
5/95	5. K. will use picture cues to communicate and initiate expressive communication.	Initiated/ teacher shown sample	

5/95	6. K. will demonstrate increased vision use in response to the addition of contrasting colors in school environment.	Initiated use in class during demonstration	
5/95 Coffee Co.	7. Planning of Inservice focusing on vision efficiency and orientation and mobility	Date selected for OCT 95/ with new teacher and orientation to class assistance	
5/95 Meeting Ga-Deaf-Blind grant staff	Discuss Summer Institute and completion of video	Program for summer discussed/ selection of Ed Stone for O & M video selection of students.	
5/95 Gordon Central High School	Provide assistance, resources for transition of T.	IMPLEMENTED June, July	
5/95 PROGRAM REACH, Atl.	Provide on site tech assistance for deaf-blind student	Completed inservice and observation of student/ planned follow up	Intro to communication and O&M
5/95 Oakland Ctr	Initial observation of 3 students	will need follow up/	
5/95 Dyer Elementary			
5/95 Jordan High School	Teachers working will demonstrate correct pre-cane techniques.		Inservice O & M for the deaf-blind
6/95 Calhoun, Gordon Central High School	Formulation of a transition team to assist with summer program and beyond	implemented/ team formulated using educators and rehab personnel	

7/95, Simpsonwood Retreat	Provide training to teachers, grad students at GSU and other professionals in deaf-blind studies		The Summer Institute
8/95 AFB HAND IN HAND/ 7days Training San Francisco Ca.	To complete training in use of curriculum and provide training to teachers in Georgia.	Initiated, Completed studies and first follow up planned in Sept in Darrien GA.	
9/95 AASD Planning Committee Weekend Family Retreat.	Decide on theme and pick brochure model/ discuss proposed agenda/determine exhibitors for March Event/ Delegate to call various businesses etc.	Implemented	
AASD Ga Deaf- Blind Project Staff Meet.	Discuss changes for new year in grant/ roles identified for staff.		
Darrien Ga. Brunswick Co.	Provide Technical assistance to schools. There are at least 4 deaf-blind children		
9/95 Milledgeville Ga. Central Hospital	Provide technical assistance to staff working with deaf-blind individual		O & M precane technique training communica tion.

DEMONSTRATION SITE DATA

Traces

+ GA ST. D-B PROJECT

TEACHING RESEARCH ASSISTANCE TO CHILDREN AND
YOUTH EXPERIENCING SENSORY IMPAIRMENTS

RECOMMENDATION SUMMARY SHEET

TAF 559 064 015

Recommendation & Date Made (paraphrase)	Condition at Baseline	Condition at Follow-up Visits				
		Date	Date	Date	Date	
① Make calendar box (2/20/95)	No schedule available to students	3/9/95 I new material	3/30/95 (PI) boxes set up done	5/1/95 (IMP)	5/25/95 ←→	1st visit Summary: # reviewed 5 # Imp — # PI — # I 5 # NP —
② Increase meaningful activity (2/20/95) by reorienting domains to functional domains	Schedule developmental based	I	(I) has be- gun to analyze activities	(I) has kw partially putting things into function	(I)	2nd visit Summary: # reviewed 5 # Imp — # PI 2 # I 3 # NP —
③ Increase age-appro- priate activity (2/20/95)	activities all develop- mental age oriented	I started taking down or inapp. material	(PI) started replacing w/ age- appropriate items	(PI) more progress has been made	(PI)	3rd visit Summary: # reviewed 6 # Imp 2 # PI 2 # I 2 # NP —
④ use activity- based instruction (practical IEP skills in context of community + school- referenced activity 2/20/95)	skills taught in isolation	I- not in depth	(I) Kristi still not engaged in a lot of activity	(PI) works on vision and listening skills during lunch prep.	(PI) Continues to im- prove	4th visit Summary: # reviewed 5 # Imp — # PI 3 # I 2 # NP —
⑤ use switch technology 2/20/95	no switches available	I- tried to order several times	(I) has checked w/ speech not available	(I) has gotten radio to accom- pany me upstairs	(I) order next year with appliances	Overall Summary: # reviewed 7 # Imp 2 28.4 # PI 3 42.8 # I 2 28.6 # NP —
⑥ identify student outcomes - keep a journal/diary (3/30/95)	no data collected			(IMP)		
⑦ Increase alert + awake states (5/1/95)	was sleeping much of day at first visit - alert status much better w/ new activity				(PI) According to journal time increas- ing	

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(Use multiple sheets as necessary)

RECOMMENDATIONS COVER SHEET

T.A. Consultant: Donna L Gilles Williams

Observation Date: 2/20/95

TA #: 55706A015

Objective/Recommendations	Task	Facilitator
① increase alert states; receptive language, communication predictable routines	construct calendar box	Paula Adams Grace Weaver
② ~~new~~ increase functional meaningful activity	use functional environment domains of voc, rec/leis, domestic, school, self-care as schedule blocks	"
③ increase age-appropriate activities	visit middle school classes	"
④ use contexts listed in #2 to practice IEP skills (activity-based instruction)	make list of what adults do for students have students participate in those activities	"
⑤ use switch technology to increase cause/effect communication, ~~discrete~~ skills	talk to SLP to borrow switches	"

RECOMMENDATIONS COVER SHEET

T.A. Consultant: Donna L. Gilles Williams

Observation Date: 3/30/95

TA #: 557-06A-015

Objective/Recommendations	Task <u>daily</u>	Facilitator
6) identify student outcomes of newly implemented activities	keep a journal of anecdotal notes addressing Kristi's (and Sonji's)	F. Adams G. Weaver
	responses to new activities, (e.g.	
	behavior such as:	
	tracking, smiling, ^{time} awake	
	head control, localizing	
	sound, reaching/grasping	
	in response to activities	
	such as: calendar box	
	use, homemaking skills	
	interactions to nondisabled	
	peers.	

RECOMMENDATIONS COVER SHEET

T.A. Consultant: Donna L. Gilles Williams

Observation Date: 5/1/95

TA #: 557-OGA-015

Objective/Recommendations

Task

Facilitator

(7) ~~Now~~ Continue	Decrease "nap"	P. Adams/
increasing time awake	time by 15	G. Weaver
(reportedly stays	min increments	
awake at least 1/2 days	twice/week	
now)	(i.e., try having	
	her awake	
	whole days by	
	the end of the	
	school year.	

Traces

TEACHING RESEARCH ASSISTANCE TO CHILDREN AND
YOUTH EXPERIENCING SENSORY IMPAIRMENTS

RECOMMENDATION SUMMARY SHEET

TA# 557 OGA 015

Recommendation & Date Made (paraphrase)	Condition at Baseline	Condition at Follow-up Visits				
		3/22/95 Date	4/13/95 Date	5/11/95 Date	5/26/95 Date	
① increase use of switch technology (2/13/95)	sits up/sits on wheelchair tray, occasionally hits it.	PI- has tried ballon- with switch more	PI SAME	PI SAME	PI next year- bladder fitter upstairs	1st visit Summary: # reviewed 5 # Imp 1 # PI 4 # I # NP
② use side lyer to optimize positioning visum use (2/13/95)	when in Kindergarten class - in bean bag, prone - gets into extension pattern	IMP	X	N/C	N/O next prone stander for weight bearing	2nd visit Summary: # reviewed 6 # Imp 5 # PI 1 # I # NP
③ increase choice making opportunities w/ both Sherron & Kristy (2/13/95)	infrequent uses food as but all foods are preferred.	PI- has tried up switches	PI	PI same	PI same	3rd visit - Teacher Summary: # reviewed 6 # Imp 4 # PI 1 # I # NP 1
④ increase "requesting" response (2/13/95) Sherron & Kristy	Sherron will reach out for Kristy will not.	PI- has tried up switches	PI	PI	PI	4th visit Summary: # reviewed 6 # Imp 4 # PI 1 # I # NP 1
⑤ increase Sherron's interactions w/ non-disabled peers in music + Kindery. (2/13/95) [make him center of attention; keeper of key materials etc.]	Peers rarely interact w/ him	PI- studies well w/ peers upstairs	PI N/O but studies are inter- acting w/ him now	N/O	PI increase time spent with him	Overall 5th visit Summary: # reviewed 7 # Imp 1 # PI 14 # I 25 # NP
⑥ Give initial approach warning (3/22/95)	adults move student(s) without warning/ explanation	X	NP	NP	PI some initial warning	
create calendar box (3/22/95)	no box or other cues	X	PI- shoe boxes for AM.	PI same	PI next year- bladder fitter upstairs	

(p. 1)

T.A. Consultant: Donna Williams

Observation Date: 2/13/95

TA #: 557 OGA 015

Objective/Recommendations	Task	Facilitator
① increase Sherrod's use of switch technology	a) try different functions: a fan w/ balloons; a light that blinks or flashes b) try different switches in different locations / positions	K. Pitts
② increase Sherrod's movement options (↑ participation) and ~~visual~~ optimize vision use	• use side ~~layer~~ to position ~~and~~ on left side primarily (right eye stronger; left side needs extension)	K. Pitts
③ increase choice making opportunities for both Sherrod + Kristy	a) use more devices hooked up to switches (foods not good option for Sherrod bc he likes everything) - use b) high / low preferences in 2-choice format	K. Pitts
④ increase requesting response (reach out for desired obj) by Sherrod + Kristy	a) during meals - use small amounts of liquid in Kristy's cup and then shape reaching w/ cup to request "more"	K. Pitts

RECOMMENDATIONS COVER SHEET

(P2)

T.A. Consultant: D. Williams

Observation Date: 2/13/95

TA #: _____

Objective/Recommendations

Task

Facilitator

③ Increase Sherrod's interactions with non-disabled peers	a) during centers In kindergarten, make him a center (position him w/ blocks or other toys b) during music, have other students take over aide's position + actions	K. Pitts
--	--	-----------------

RECOMMENDATIONS COVER SHEET

p.1

T.A. Consultant: Donna L. Gilles Williams

Observation Date: 3/22/95

TA #: 557 OGA 015

Objective/Recommendations

Task

Facilitator

⑥ Give an initial approach warning and touch cue for what happens next

a) Before moving Sherrod or Kristy, tell them verbally and physically

K.P.H.

(by slightly pulling

o) talk, tap chair

them toward new

have had in front of face before touching them

orientation - ~~the~~

⑦ Create anticipation of routine

• Construct calendar box w/objects representing diff activities

K.P.H.

RECOMMENDATIONS COVER SHEET

T.A. Consultant: Donna L. Gilles Williams

Observation Date: 4/13/95

TA #: 557-OGA-015

Objective/Recommendations	Task	Facilitator
(8) Monitor length of time hearing aids stay on Sherrod	~~note~~ time in: time out	K. P. Hs
(9) Keep anecdotal records of Sherrod's behavior w/ hearing aids on (a- what sounds he attends to most; b- his overall demeanor)	note changes w/ high/low pitches, different voices; indoor/outdoors look at hand-in-mouth, smiles, posture.	K. P. Hs

Note on calendar box: cut fronts off the boxes to make it easier for him to reach in. If it would be easier, use towels to cover boxes (of finished activities only) instead of lids. Get middle school or high school to make a box w/ slots in it.

LETTERS & FLYERS

Georgia State University

Department of Educational Psychology and Special Education
College of Education
404/651-2310; Fax: 404/651-2555; GIST: 223-2310

University Plaza • Atlanta, Georgia 30303-3083

9/30/94

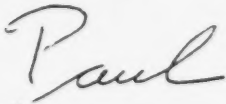
Dr. Kathryn W. Heller
Georgia Deaf-Blind Project
Georgia State University
Atlanta, GA 30303

Dear Kathy,

I wanted to take this opportunity to thank the Georgia Deaf-Blind Project for its involvement with Project SETS (Supported Employment and Transition Services). The Georgia Deaf-Blind Project assisted Project SETS in providing technical assistance for targeted students with deaf-blindness. The collaborative effort between the two projects provided more effective technical assistance for transition age students who are deaf-blind.

I look forward to future collaborative endeavors.

Sincerely,



Paul A. Alberto, Ph.D.
Project SETS

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SUPPORT GROUP FOR PARENTS OF DEAF-BLIND CHILDREN

WHEN: Saturday, May 6, 1995

TIME: DEAFESTIVAL (BIG DEAF AWARENESS EVENT)
10:00 am to 1:00 pm -- the event lasts until 6:00 pm
(PLAN TO BRING YOUR OWN PICNIC OR PURCHASE
FOOD AT THE PARK)

WHERE: GRANT PARK NEAR THE ATLANTA ZOO
(MEET AT THE CENTER PAVILION -- THERE ARE
3 PAVILIONS)

RSVP: Gail Keeton (404) 995-8248

**BRING YOUR FAMILIES TO THE PARK AND ENJOY THE
DIFFERENT ACTIVITIES!**

WHAT IS THE PURPOSE OF THIS GROUP?

To form an organization for parents of deaf-blind children that offers support, advocacy and education to its members. Come share the experiences you have had with your deaf-blind children. Let's help each other with ideas for recreation activities, communication, independence, living situations, etc.

If you know of any other parents with deaf-blind children, please let them know about May 6th.

For more information about services to deaf-blind individuals, please contact:

-- Bob Green - Georgia Sensory Rehabilitation Center	(404) 669-3450
-- Susan Brooks - Helen Keller National Center	(404) 766-9625
-- Doug McJannet - Georgia Deaf-Blind Project	(404) 651-1262
-- Dr. Ruth Funderburg - Georgia Pines - INSITE Project	(404) 296-7101

Directions to Grant Park -- Take I-20 from East or West, get off on Boulevard, go south on Boulevard for about two miles. The Grant Park is on right.

**>>> ATTENTION <<<
WATCH FOR MORE INFORMATION ABOUT
HELEN KELLER DEAF-BLIND AWARENESS WEEK
JUNE 25 - JULY 1, 1995**

COME CELEBRATE HELEN KELLER DEAF-BLIND AWARENESS WEEK WITH US

WHERE:

**ATHEN'S PIZZA RESTAURANT
1341 CLAIRMONT ROAD, DECATUR
636-1100**

50 people!!!

WHEN:

**SUNDAY, JUNE 25, 1995
4:00 PM**

Increase our awareness about deaf-blindness, meet deaf-blind friends; enjoy all the pizza you can eat, a soft drink with one refill and salad for 8.25 including tax and tip. Children under age 10 \$5.00.

FOR WHOM:

**DEAF-BLIND ADULTS
PARENTS OF DEAF-BLIND CHILDREN
PEOPLE WHO SUPPORT DEAF-BLIND INDIVIDUALS
TEACHERS OF THE DEAF-BLIND STUDENTS
SUPPORT SERVICE PROVIDERS**

GUEST SPEAKER:

**> TOMMIE GOINS
COMMUNICATION INSTRUCTOR
ROOSEVELT WARM SPRING INSTITUTE FOR REHABILITATION
(R.V.S.I.R.)**

FOR MORE INFORMATION CONTACT:

**Bob Green - Georgia Sensory Rehabilitation Center (404) 669-3908
Susan Brooks - Helen Keller National Center (404) 766-9625
Gail Keeton - Parents of Deaf-Blind Children (404) 995-8248
Jelica Nuccio - Georgia Assoc. of the Deaf-Blind (404) 377-2884**

Sponsored by Georgia Sensory Rehabilitation Center --- Helen Keller National Center --- Georgia Deaf-Blind Project --- Georgia Pines - INSITE Project --- Georgia Association of the Deaf-Blind --- Georgia Registry of Interpreters for the Deaf

Direction to Athen's Pizza - back of this flyer

**WITH OUR DEEPEST
APPRECIATION TO:**

ATHENS PIZZA HOUSE

**HELEN KELLER NATIONAL CENTER
FOR DEAF-BLIND YOUTHS AND ADULTS**

**GEORGIA SENSORY REHABILITATION
CENTER**

**GEORGIA STATE UNIVERSITY
DEAF-BLIND PROJECT**

**GEORGIA REGISTRY OF INTERPRETERS
FOR THE DEAF**

**GEORGIA INTERPRETING SERVICE
NETWORK**

**ROOSEVELT WARM SPRING INSTITUTE
FOR REHABILITATION**

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**HELEN KELLER
DEAF-BLIND
AWARENESS WEEK**



**ATHENS PIZZA HOUSE
JUNE 25, 1995
4:00 PM**

**"A person who is severely impaired
never knows his hidden resources
of strength until He is treated like
a normal human being and
encouraged to shape his own life"
-- Helen Keller**

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SOUTHEAST REGION - Florida State University

1995 Summer Institute - July 23-27

Communication with Learners who are Deaf-Blind

Alabama -	Phyllis Baker Zackie D. Bosarge Mary Jean Sanspree Jonnie W. Wells	Carol Allison (alternate) Margie Lee (alternate)
Florida -	Barbara M. Howett Veronica L. Mills Carolyn L. Strain Lisa R. Wright	Melissa Landreneau from Louisiana Yvette Gallegos from Illinois
Georgia -	Janet A. Bowdin Robert R. Green Gail M. Keeton	
Kentucky -	Sandi Baker Margaret P. Branam Vicki R. McLeod	
Mississippi -	Catherine A. Bruce Kathryn A. Dasher	Theresa Bennett (alternate)
North Carolina -	Julia D. Brickhouse Chris Jones Kathleen R. Joyce	
Puerto Rico -	Thomas J. Santana Edwin Vega	
South Carolina -	Charles E. Branch Sara E. Finch Suzann C. Long Sharon E. Shane	
Tennessee -	Jeri B. Carmichael Mary D. Franks Cheryl M. Jackson Caren Wayburn	

Virgin Islands -

Helen Keller National Center

For Deaf-Blind Youth
and Adults

June 26, 1995

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111 Middle Neck Road
Sands Point, NY 11050
516-944-8900 (Voice & TTY)
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Regional Offices

New England
Boston, MA

Mid Atlantic
Sands Point, NY

East Central
Philadelphia, PA

Southeastern
Atlanta, GA

North Central
Chicago, IL

South Central
Dallas, TX

Great Plains
Kansas City, MO

Mountain
CO

Southwestern
San Francisco, CA

Northwestern
Seattle, WA

Operated by
Helen Keller Services
for the Blind

Peter J. Salmon, LL.D.
Founder

Joseph McNulty
Director

Kathy Heller
Georgia Deaf-Blind Project
Georgia State University
Department of Special Education
Atlanta, GA. 30303-3083

Dear Kathy,

I just wanted to drop you a note to thank you for attending the deaf-blind event on Sunday. It was so exciting to see us all gathered together and have you be there as part of the community.

People with deaf-blindness often feel isolated. With your presence at Athens Pizza there was no doubt that people care and are willing to show it. I saw so many smiles on Sunday; it truly warmed my heart. Thank you for being part of that.

Sincerely,

Susan B. Brooks

Susan Brooks
Regional Representative, SE Region

Eastern Region
1005 Virginia Avenue
Suite 104
Atlanta, GA 30354
404-766-9625 (Voice)
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404-766-3447 (FAX)

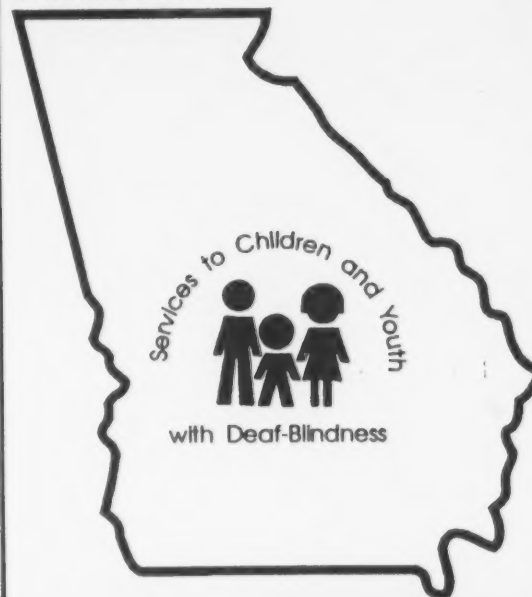
DISSEMINATION INFORMATION

The Georgia Deaf-Blind Project is a discretionary federal grant funded through the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Special Needs Section, CFDA 84.025A.

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Georgia State University
Dept. of Ed. Psy. and Special Education
University Plaza
Atlanta, GA 30303-3083

GEORGIA DEAF-BLIND PROJECT



GEORGIA DEPARTMENT OF EDUCATION

GEORGIA STATE UNIVERSITY

GEORGIA DEAF-BLIND PROJECT

The Georgia Deaf-Blind Project provides technical assistance to children and youth with deaf-blindness from birth through 21 years of age and to their families and service providers.

WHO IS DEAF-BLIND

An individual who is deaf-blind has a vision and hearing loss. Functional levels may vary from hard-of-hearing and partially sighted to profoundly deaf and totally blind. These losses can cause developmental delays in areas such as language, social skills, and mobility, but they do not always limit the individual's learning potential. An individual who meets this definition may also be counted by a school system in another area of exceptionality.

TYPES OF TECHNICAL ASSISTANCE

Technical Assistance to Families

In-home Consultation
Family Support and Networking
Family Workshops and Training
Resources

Technical Assistance to Service Providers

Identification Assistance
On-site Consultations
Inservice Training
Summer Institutes
Resources

General Services

Loaner Bank (books, videos, articles, adaptive equipment)
Census
Material and Monograph Development
Statewide Advisor Program
Referrals to Other Agencies
Dissemination of Information

INFORMATION

If you would like further information about the program, or wish to make a referral, please contact:

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Georgia State University
Dept. of Educational Psychology
and Special Education
University Plaza
Atlanta, GA 30303-2310

404-651-2310
404-651-1262 (voice or TTY)
1-800-597-2356 (voice or TTY)

For specific information/referral related to children with deaf-blindness, birth to three years of age, call:

Georgia Pines INSITE Project
404-296-7101 (voice or TTY)
1-800-522-8652 (In Georgia only)

TELEVISION AND RADIO STATIONS RECEIVING THE GA. DEAF-BLIND
PROJECT'S 1995 PUBLIC SERVICE ANNOUNCEMENT

TELEVISION

WSB - Jocelyn Dorsey

WAGA - Linda Torrence

WXIA - Cheryl Gripper and Robin Ree

WGNX - Pam McGahagin

WPBA - Tim Lathers -WABE

CAMA - Laura O'Gorman

The following Cable TV Channels:

A&E

CNN

THE FAMILY CHANNEL

HEADLINE NEWS

NICK AT NITE

ESPN

NICKELODEON

USA NETWORK

UNIVISION

TNT

TNN

MTV

SPORTSOUTH

LIFETIME

RADIO

WPCH - Vance Dillard -WGST

SUCCESS STORIES

GEORGIA DEAF-BLIND PROJECT
SEVEN SAMPLE SUCCESS STORIES

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #1

Emily: From infancy to Kindergarten

Emily was born prematurely at 35 weeks gestation with CHARGE Association. She has mild to moderate hearing loss and bilateral vision loss with additional cardiac, respiratory, feeding, and health problems. At six months of age she was significantly delayed in her developmental skills and communicated only by crying, was exclusively tube-fed, was fearful of touch, movement and strangers, and was unable to sit up. Emily was referred to the Georgia Deaf-Blind Project/INSITE Project and received weekly home intervention services from one of Georgia's Deaf-Blind parent advisors and bi-monthly technical assistance services from a physical therapy consultant with the project. Emily's parents were instructed about her sensory impairments and delays and the parent advisor and therapist worked together with her parents on activities which encouraged a variety of communication, sensory, and movement experiences. By three years of age, the Georgia Deaf-Blind Project had assisted her parents in getting vision and hearing evaluations. As a result of these evaluations, Emily had glasses and hearing aids and was using her residual senses. The Georgia's Deaf-Blind Parent Advisor had assisted the family in choosing an appropriate communication method for Emily and had instructed her family in sign language. Emily made progress and her cognitive skills were testing as age-appropriate. At this point, the Georgia Deaf-Blind Project assisted Emily's parents in exploring pre-school options for her and she was placed in an inclusive pre-school program, where she did very well. The program's parent advisory and therapist made multiple visits to Emily's pre-school to assist her new teacher in transitioning Emily into her new school. Emily has now moved on to a regular pre-kindergarten class in the public school system. She is walking independently, communicates very effectively, is a "social butterfly", and is cognitively on target in most areas. Emily's parents credit the Georgia Deaf-Blind Project with assisting them in helping Emily reach her full potential in a timely manner. As long as federal funding continues, the Georgia Deaf-Blind Project will continue to be available to Emily, her family, and her teachers as a resource through her years in school and as she transitions into community living and employment.

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #2
Jennifer: High School Success

Jennifer is an eighteen year old student attending Berkmir High School in Atlanta. She is very popular with her classmates and other students and teachers in the school. Jennifer loves to participate in a variety of school activities and enjoys working in the community. She is an active member of her church and attends religious classes every Sunday. This could well be the description of any teenager. Jennifer, however, is totally blind and has a severe sensorineural hearing loss.

Jennifer's teacher (Jessie), parents, and intervenor have received technical assistance from the Georgia Deaf-Blind Project to assist with areas of communication, adaptations to compensate for visual and hearing losses, and educational strategies and curriculum. Technical assistance has occurred in several modalities. On-site technical assistance has occurred providing assistance in a variety of areas. In the area of communication, for example, the Deaf-Blind Project staff assisted the teacher in developing an object communication system to be used in addition to her tactile signing. Jennifer now has an object communication system consisting of several hundred object symbols which she accurately uses to communicate with individuals who are unfamiliar with tactile signing. Further information and strategies to use with Jennifer have also occurred through Jennifer's teachers participation in Georgia's Deaf-Blind Project's weekend retreats and summer institutes. Jennifer's teacher has also engaged in the Method course on Teaching Students with Deaf-Blindness which is a joint project between Georgia Deaf-Blind Project and Georgia State University. Through information initially provided through the Georgia Deaf-Blind Project, Jessie has enrolled in the graduate program in Deaf-Blind. Jessie has also become an educational advisor of the Georgia Deaf-Blind Project to help other teachers who have students with deaf-blindness. In addition, the Georgia Deaf-Blind Project has participated in assisting to form a parents group for parents of children who are deaf-blind. Jennifer's parents are actively involved. The Georgia Deaf-Blind Project is attributed to contributing to Jennifer's success and continues to provide technical assistance.

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #3

Mike: Success in Community-Based Vocational Training

The Georgia Deaf-Blind Project was contacted four years ago to assist the teachers at a School for the Deaf who had students with deaf-blindness. Over four years, the project intensively worked with the students, their teachers, paraprofessionals, job coaches and parents to provide technical assistance in such areas as communication, adaptations for sensory loss, environmental arrangement, and instructional strategies for classroom, community-based training and vocational training. Consultation consisted of inservices, parent workshops, and on-site training (which primarily occurred twice a week). Based on project recommendations, positive and effective student and teacher changes were made across all the targeted areas for eight students with deaf-blindness and their teachers. Although all of these students could be identified as success stories, we will select April.

Mike is a young man with profound sensorineural hearing loss and low vision (myopia, optic nerve atrophy, nystagmus, exotropia) and mild spastic quadriplegic cerebral palsy. He participated in a community-based vocational training program. Mike was having several problems doing such tasks as washing dishes and sweeping. The school staff attributed this to behavior, although they were not sure if his vision could be a factor. The consultant from the Deaf-Blind Project came and began working with the teacher, job coaches, co-workers and observed Mike working. After showing the staff how to perform an on-the-job assessment of visual functioning, it was determined that Mike could not see the low-contrast food on the dishes he was washing, nor was he able to see the low contrast toast crumbs on the brown floor he was sweeping. The staff were surprised when they learned it was his vision and not behavior, but by teaching the teachers and job coaches how to assess this difference they realized that it was definitely a visual problem. The Georgia Deaf-Blind consultant taught the staff systematic instructional techniques to accommodate for the visual loss and Mike readily learned how to perform these work activities. Do to the training provided by the Georgia Deaf-Blind Project, the staff began making systematic adaptations to accommodate for the vision loss and continued to do assessments for each new job task Mike was to do. Mike was then able to perform these activities independently and accurately.

A second major problem was identified by the Georgia Deaf-Blind Project and supervisor of the School for the Deaf. Mike, as well as other students, were having a communication problems at the community-based vocational training sites since the students knew sign (or tactile sign) language and the co-workers and work supervisors did not know that means of communication. The Georgia Deaf-Blind Project consultant worked extensively with the vocational training program and taught the teachers and job coaches how to assess and expand student's present communication

system. For Mike, he was taught a dual communication board system (one communication board for Mike and a second identical system for the communication partner). In turn, this system was taught to the co-workers and job supervisors at the community-based sites (i.e., Walmart, Kroger). The communication system had job specific symbols as well as symbols which were used for socialization. Mike was able to use this system effectively across all job sites over three years with multiple co-workers, supervisors, and customers with positive interactions and feedback from those individuals. Because of the importance of communication for students with deaf-blindness, the School for the Deaf made changes in its community-based vocational program to stress effective communication using the information and assistance provided by the Georgia Deaf-Blind Project. Mike has now graduated from the school and is working in a hotel using the techniques and communication system developed jointly between the Deaf-Blind Project and his school.

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #4
Tammy: Transitioning from School to College

Tammy is a twenty year old student who is learning to live with Kearns Sayre Syndrome. The severity of this syndrome differs with individuals. Tammy required assistance from physical therapists because of her muscular incoordination in her early years at school. She was also followed by doctors for a heart condition. Little did she know that she would experience gradual loss of vision and hearing while attending high school.

It was in early November, 1994 her high school teacher contacted the Georgia Deaf-Blind Project to inform us that Tammy was losing her sight and hearing. This twelfth grade student was in regular classes and had aspirations of attending college. The deaf-blind consultant visited with the mother and interviewed the student at the school. The consultant recognized the need to provide some support services and organized a team of specialists. The biggest concern was the fact that Tammy was losing her means of communication and needed immediate training in sign language and braille. Tammy was recommended for a functional vision assessment and an assessment in orientation and mobility. She was issued a travel cane by the orientation and mobility specialist and provided large print materials for classes. The support team met with the student and parent as Tammy approached graduation in May. The deaf-blind specialist from the Georgia Sensory Rehabilitation Center recommended that the student could benefit from attending the summer program which assisted students with special needs. This was the first time that Tammy had been away from home on her own and she was nervous. Tammy learned many new skills and proved that she was capable of living on a college campus. A team decision was then made to have Tammy attend a small college catering to hearing impaired students. Tammy was accepted and offered a place to live at the state facility for the deaf in Cave Springs. Vision services could be provided on an itinerant basis by the state.

Today Tammy is attending classes daily and enjoying great success academically. She uses large print materials and travels around the campus using her cane. Tammy has made many new friends who are deaf and is mastering sign language. She uses large print materials and practices her braille with the help of a teacher. Tammy recognizes that she has come a long ways and realizes that she may face further loss. The Georgia Deaf-Blind project continues to monitor her progress and will provide training to staff members at her residence and college in the near future.

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #5
Brittany: Preschool Success

If you were to look at Brittany, a vibrant, blonde three and on-half year old, when she is telling per parents and her brother to pay attention to her "reading" a story from the book "Where is My Mother?", you would not be able to imagine how far she has come in such a short time. Brittany was born with anophthalmia of the right eye (a missing eye) and a field loss in the left eye, an underdeveloped right ear and a severe hearing loss in both ears, an hypoplastic right lung, a congenital heart defect, severe scoliosis, her left kidney in her pelvis, and a severe cleft palate. Since birth, she has had a postnatal three-month staff in the neonatal intensive care unit of her local hospital and has undergone numerous medical procedures and hospitalizations.

When she was approximately six months old, she was refereed to the Georgia Deaf-Blind Project/INSITE Project by an audiologist from one of the local children's hospitals. At that time she was on oxygen and couldn't sit alone. The Georgia Deaf-Blind Project sent out a Parent Advisor (weekly) and a Therapy Advisor (twice a month) to the home to provide technical assistance to the parents. Through strong parental involvement with her Parent Advisor and Therapy Advisor as well as Brittany's resilient character, she began to make tremendous progress in every area of her developmental growth. Even before se could sit alone, she began to use "baby signs" to communicate and her vocabulary for expressive and receptive language has grown by leaps and bounds. She started to sit when she was 19 months old and surprised everyone when she started to walk at age two. The Georgia Deaf-Blind Project parent Advisor has helped both parent and child expand to more formal signs and within a short time Brittany's language skills were at age level. She continues to make progress in this area and has since surpassed age level.

Now, although she has a prosthesis in her right eye, a G-tube attached to her stomach, hearing aids in her ears, and walks with her head tilted to one side, she is every bit a normal three and on half year old. She is inquisitive, curious, talkative, eager to learn, and has learned to use her residual vision well. Her Parent Advisor helped the parens with the pre-transitioning effort with the local education agency as she approached preschool age. She is currently being served by her local school system in the home due to some serious, but hopefully temporary, feeding problems. When these problems are resolved, the Georgia Deaf-Blind Project will be available to help her make a smooth transition to the center-based preschool program.

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #6
Shaundra: Infancy to School Age Success

Shaundra is a seven year old child with deaf-blindness. She is an only child who live with both parents in a rural town in the foothills of the Appalachians. Both parents are employed full time.

Shaundra was born prematurely at 24 weeks gestation. A twin brother died shortly after birth. shaundra had many medical problems at birth which made a prolonged hospital stay necessary. She was discharged from the hospital at the age of four months and often received daytime nursing care until she was 16 months old.

Shaundra has a diagnosis of profound sensorineural hearing loss in both ears. With hearing aids, she is able to respond to some loud sounds. Shaundra is also blind due to Retinopathy of Prematurity. She has a nodule on her vocal chords which makes her voice hoarse. She also has a seizure disorder which has been controlled by medication for the past three years. Shaundra is much healthier these days and rarely gets colds of ear infections. She continues to take phenobarbital and tegratol for the seizure disorders.

Shaundra's parents participated in the Georgia Deaf-Blind Project/INSITE Program, beginning just before her first birthday. A Parent Advisor visited her home once a week to provide the parents with information technical assistance, and encouragement. While Shaundra was being well cared for medically t that time, she was not getting the stimulation she needed to encourage developmental skills. Home visits focused on helping the parents provide an environment that would stimulate development in all areas, including use of residual vision and hearing and helping the parents learn more about their child's special needs. The Georgia Deaf-Blind Project/INSITE also helped the parents by providing technical assistance in the area of physical therapy and obtaining audiological evaluations and subsequent recommendations.

At the age of three, Shaundra's family was transitioned to the local school system's preschool special education program. The transition was made easier by the fact that her parent advisor as also the preschool teacher in the local school system. Shaundra attended the center-based school program once a week and the teacher visited n her home once a week. The teacher continued to call the Georgia Deaf-Blind Project with several complex questions concerning the needs of Shaundra and the staff of the Deaf-Blind Project continued to provide support and assistance.

On her fourth birthday, Shaundra began attending Head Star with the assistance of a paraprofessional and twice a week visits

from her teacher. Shaundra adjusted easily to the school routine and was loved by the other children and staff. Communication skills were just beginning to emerge at this time and the Georgia Deaf-Blind Project/INSITE Program was there to guide her teacher as to how to best encourage communication in a child who is deaf-blind. Shaundra's mother was invited to a parent workshop sponsored by the Project. She attended and it was a special meeting for her because it was the first time she had met other parents with children who are deaf-blind.

Just before her sixth birthday, Shaundra entered kindergarten in a local public school. With the assistance of a paraprofessional who could communicate with her using sign language, Shaundra was included in a regular kindergarten class for most of the day and a visually impaired program for part of the day. At this time the school system received further technical assistance from the Georgia Deaf-Blind Project School Age Consultant on educational programming.

Shaundra is now seven years old. She is included in a regular first grade classroom for part of the day and in the visually impaired program for the rest of the day. She is now signing many words independently and understand words signed into her hands. She is learning to use a cane to move around the school and is also learning many independent living skills. Her mother has remained very involved in her education and is currently taking a sign language class with the teacher and paraprofessional.

This last paragraph is an excerpt from a letter from the Parent Advisor/Teacher to the Georgia Deaf-Blind Project's Preschool Coordinator:

"... Throughout these last seven years, I have often had questions, needed referral information or just a ear to listen to me vent my frustrations. I have always been able to call on someone from Ga. PINES (part of the Georgia Deaf-Blind Project) to help me with the very special needs of the deaf-blind child. Teachers in metropolitan areas are able to consult with other teachers in their field. Living in a rural area, I have limited access to other teachers with deaf-blind students. Ga. PINES (part of Georgia Deaf-Blind Project) has given me the information, programming suggestions, staff development and counseling I needed to help Shaundra develop into a great little girl. I could not have done it without them."

GEORGIA DEAF-BLIND PROJECT SUCCESS STORY #7
Robbie: Middle School Success Story

Robbie is a middle school student enrolled in a class for students who have moderate to intellectual disabilities. He has cerebral palsy and deaf-blindness, and wears both glasses and hearing aids. Since he has both vision impairments (strabismus, hyperopia, esotropia) and hearing impairments (moderate to profound sensorineural hearing loss), he was recommended for technical assistance through the Georgia Deaf-Blind Project.

Technical assistance was given to the teacher in the areas of communication, adaptations, orientation and mobility, and instructional strategies. In the area of communication, Robbie had some speech which was difficult to understand and some manual signs. The Georgia Deaf-Blind Project consultant worked with the teacher and the rest of the team to determine how his communication system could be expanded. A communication board using large contrast pictures was introduced. The consultant assisted the teacher in techniques to select the appropriate vocabulary and how to teach this across environments. Robbie began using the communication system in the school and in the community to order food at restaurant and make choices.

In the area of orientation and mobility, an orientation and mobility specialist was hired by the Georgia Deaf-Blind Project to provide technical assistance in this area. Suggestions were given by the specialist that the teacher used to improve his mobility skills as well as teach him to use the vision he has more effectively. As a result of these recommendations, Robbie was able to more independently travel to the office to deliver the attendance sheet as well as other targeted routes.

The Georgia Deaf-Blind Project consultant also assisted the teacher in adapting regular activities due to the combined sensory loss and physical impairments. Having items in a box on a table instead of just on the table assisted Robbie in easy access. Adaptations such as modifying the UNO cards that were used during leisure skill activities were also helpful.

Robbie has come a long way in a short period of time. The Georgia Deaf-Blind Project will continue to provide technical assistance to Robbie and his teachers, parents, and school staff.

ADVISORY COMMITTEE MINUTES

Advisory Committee to Deaf-Blind Project Roster

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Advisory Committee to Deaf-Blind Project

Roster

Page 2

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Jellica Nuccid
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Atlanta, GA
(consumer)

377-2884

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Dr. Diane Wormsley, Director
AFB Southeastern Regional Center
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Atlanta, Georgia 30330
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DEAF-BLIND ADVISORY COMMITTEE MEETING MINUTES
September 15, 1992

Members Present

Cynthia Ashby
Marlene Bryar
Phyllis Cole
Tom Dennis
Stephanie Dirst
Mike Elliott
Kathy Heller
Richard Hyer
Toni Bowen

Staff Present

Wesley Boyd
Paula Forney
Charlene Frick
Ruth Funderburg
Sarah Moore

Members Absent

Paul Alberto
Ron Cyphers
Tommie Goins
Gerda Groff
Heather McCabe
Gladys Reeves
Toni Shackelford

Visitors

Marie Amerson

The Georgia Deaf/Blind Advisory Committee meeting was held September 15, 1992, at the Atlanta Area School for the Deaf. Each person in attendance briefly introduced himself or herself.

There was only one agenda item: a discussion of the project application. Stephanie Dirst distributed a worksheet of four discussion items for committee members to provide input to project staff for future project activities. Wesley Boyd provided selected pages from the project for the committee to review and discuss.

Kathy Heller distributed an abstract of a pilot communication project for which Georgia State University applied. This is a separate application for which notification of funding has also not been received. AASD and Cobb, plus 2 rural counties, will be pilot sites for student interaction opportunities if the project is funded. This project will work cooperatively with the state Deaf/Blind Project.

Ruth Funderburg described the proposed mentoring program component of the project, which will require interagency collaboration.

Another new component is the University of Utah VIISA project, to train birth-5 personnel in vision, especially the MH component. This training will hopefully lead to a certificate.

Charlene Frick discussed extensive efforts to fill the school-age D/B teacher position. Salary restraints and a lack of trained personnel are making it difficult. She asked committee members to post information about the position and to help recruit.

The next Advisory Committee meeting will be Dec. 15 at Warm Springs.

DEAF-BLIND
ADVISORY COMMITTEE MEETING
MINUTES

December 15, 1992

Present

Paul Alberto
Cynthia Ashby
Janet Bowdin
Toni Waylor-Bowen
Marlene Bryar
Phyllis Cole
Ron Cyphers
Stephanie Dirst
Kathy Heller
Richard Hyer
Toni Shackelford

Absent

Tom Dennis
Mike Elliott
Tommie Goins
Heather McCable
Gladys Reeves

Staff present

Wesley O. Boyd
Paula Forney
Charlene Frick
Ruth Funderburg

The Georgia Deaf-Blind Committee's quarterly meeting was held on December 15, 1992, at the Atlanta Area School for the Deaf with Stephanie Dirst, Chairperson, presiding. Wesley Boyd, Director for the Georgia Deaf-Blind Project gave a report from the annual Project Director's Meeting held in October in Virginia. He told the group that Georgia received a three-year grant for the total amount of money requested in the proposal, including the pilot project. He explained that there had been 53 applications for federal funding under "State and Multi-State Projects for Children with Deaf-Blindness and Optional Pilot Projects for Children with Deaf-Blindness," and 49 had been awarded. There were 11 applications for the optional pilot projects and only six were awarded. Georgia received one of the optional pilot grants. Wesley also reported that the Georgia proposals received compliments for being well-written.

The due date for the end-of-the-project report for the previous grant is December 31. The request for proposals for continuation funding from USDOE should be mailed December 28, and the due date for the continuation application is February 8.

The due date for the updated census report is March 15, and Wesley reported that it may be possible for his computer to provide the updated information through the computer program set up by the US census project. There are still problems with obtaining all of the information needed for completing each record in the census data as well as eliminating some discrepancies, e.g., missing etiologies and the difference between how the state reported deaf-blind children in the December 1 count and how we said they were reported.

Wesley further reported that the meeting featured Judy Schrag, head of OSEP; Dawn Hunter, in charge of the Severe Disabilities Branch; Bob Perske, a journalist; and Virginia Roach, Executive Director of the National School Boards Association. The general theme of the meeting was "full inclusion." Each keynoter stressed this theme; however, the meeting was not "earth-shaking."

Charlene spoke to the difficulty of filling the school-age coordinator position. She reported that one of the obstacles has been the low salary offering. For instance, we had pursued Doris McQuiddie of Alabama, who was very interested, but we could not meet her salary demand. An alternative to not filling the position could be to contract with Georgia State University to carry out the technical assistance to local school systems. Dick Hyer wanted to know the advantage of contracting with the GSU. The answer was that there are more resources for TA at the university. The issue of filling the position initiated a lengthy discussion of how to meet the objectives of the proposal. Dick wanted to know if there is a procedure for transferring federal dollars to state budgets.

The preschool and the schoolage coordinators positions are teacher positions on the State Merit System pay scale. It was suggested that perhaps the positions should be changed to consultants for twelve-month duty. A response was that, "Everybody is on different salary schedules, and we would be just asking for trouble to make the positions consultants." Dick wanted to know why teachers could not work extra days for the federal dollars. Cynthia suggested that the only way to pay twelve months' salary is to make the positions consultant or coordinator. It was suggested that we might amend the project to write in a twelve months' position at a certain number of dollars or 10 months' position with 40 extra days in the summer at a specific rate. Dick Hyer reported that such could be done. Stephanie asked Dick if he would be willing to help in making suggested changes regarding the positions and how they should be funded.

Ruth spoke of the VIISA program. She stated that the program has been given the go-ahead for Sara Gill to begin training this summer. The site has not been chosen yet. Only 25 persons can be involved, coming from the special education and regular teacher ranks. She further mentioned that the Technology Institute for Teachers of the Visually Impaired will be done this summer, July 12-19, out of the Sensory Center. Marie Amerson will be in charge.

Wesley reported that seven Georgia teachers of the deaf-blind had consented to participate in a survey conducted by the AFB 622C project to look at and develop curriculum and materials for working with deaf-blind children. AFB had requested that seven teachers from the state be nominated. Wesley made initial contact for AFB.

Wesley expressed concerns that the Georgia project will be under particular scrutiny from USDOE as well as the other states because of the ambitiously written project which received both grants. He expressed the desire that the project have some products to disseminate to satisfy the dissemination requirement of the project. Paula agreed that while the project is doing tremendous work everyday, it is important that the USDOE know that we are accomplishing something and not just spinning our wheels. Kathy suggested that perhaps a monograph on mentoring could be an outcome. Ruth said that videos regarding the mentor program are to be done before and after. Dick suggested that Vo-Tech schools could perhaps be a great help in pamphlet and video productions. They want the work. Paul suggested that the products should focus on the strengths of the project and provide information to the consumer such as a catalog on adaptations for assisting the deaf-blind in the home, etc.

Committee

Advisory Committee Meeting Minutes
Page 3

Toni reported that the St. Mary's Rehabilitation Center in Athens was to close, but 50 parents met with the board of St. Mary's and saved the program. Toni reported also that the demonstration sites in Augusta are continuing. She stated that Wes and she met with Susan Timmerman and visited the school sites. The consultant to the demonstration project will be Don Fender out of Columbia, South Carolina. The project focuses on community based instruction.

Some important dates were announced. Paula reported that training for OT/PTs would be held on February 6-7, 1993, at AASD, and training for parent advisors in the spring for two weekends: Legislative Forum, February 16, and G-CASE Special Administrators ^{Meeting} Council, April 27-28 in Augusta. The next Deaf-Blind Committee Meeting is scheduled for February 16 at AASD.

Respectfully submitted,

Wesley O. Boyd
Acting Secretary

Deaf-Blind Advisory Committee Meeting Minutes
Georgia Academy for the Blind
Macon, Georgia
September 14, 1993

Present

Cynthia Ashby
Janet Bowdin
Toni Waylor-Bowen
Marlene Bryar
Ron Cyphers
Tom Dennis
Patricia Ford
Anita Hardy
Dr. Kathy Heller
Dr. Richard Hyer
Doug McJannet
Gail Meachem
Heidi Peaster
Stephen Ware
Dr. Diane Wormsley

Staff

Wesley O. Boyd
Paula Forney
Charlene Frick
Dr. Ruth Funderburg

The minutes of the last meeting were adopted.

Kathy disseminated the advisory handbooks to all the members. Corrections to the membership list were made.

Kathy asked members to review the by-laws and to make any recommendations for changes to her.

Kathy reviewed the objectives of the Deaf-Blind grant.

1. Identify and locate students who are Deaf-Blind. There are 205 on the census list. Georgia falls into the number that should be anticipated for a state with our population.
2. Direct services to mandated children (0-3). Insite has been in existence for 8 years and has served over 500 children. They have trained 10-20 parent advisors every year. Georgia is the only state that incorporates the therapy component whereby OT/PTs provide technical assistance to parent advisors and families to motor skills. There are about 40 therapists with the training to work with 0-3 children who are Deaf-Blind.

VIISA is a program to train vision teachers or other special education teachers to work with preschool children who are VI. There were approximately 50 applicants but only 25 participants chosen from the regions. They met in Macon with Sheri Moore from Kentucky serving as the instructor.

3. Provide technical assistance to nonmandated children with deaf-blindness birth to three.

Deaf-Blind Advisory Committee Meeting Minutes
of September 14, 1993
Page 2

4. Provide technical assistance to providers of service to mandated students (3-5) who are Deaf-Blind. The idea is to look at what type of services are being provided and what model might work the best.
5. Provide technical assistance to providers of mandated students (3-21) who are Deaf-Blind. This objective incorporates all the activities that are being done with school aged students such as the demonstration site in Richmond County and the mentoring program.
6. Provide transition services for children who are Deaf-Blind, their families, and the LSS. The staff is interfacing with the Deaf-Blind transition project at Georgia State University.
7. Assist with integration of students who are Deaf-Blind in the community.
8. Network of supportive services to families. On October 1-2, 1993 at the Continuing Education Center in Athens, Joyce Ford, will be presenting at the conference mainly for families of 0-5 students who are sensory impaired. The conference is sponsored by the Kiwanis with a cost of about \$90 per person. Scholarships are available.
9. Collaborate with lead agencies.
10. Disseminate information about resources available. There is a lending library at AASD, a brochure on services for persons who are Deaf-Blind is being developed.
11. Organize an advisory committee. The purpose of the advisory committee is to make recommendations concerning the priority programming areas.

Kathy reviewed the EPIC (Effective Partner Interaction in the Community) project. EPIC is an innovative pilot project. Georgia State University received the grant and it is directed by Kathy Heller. Some of the areas the grant provides assistance are community integration, communication competence, training programs for professionals, collaboration with families, mentor training, and dissemination of resources.

We then discussed the demonstration sites that were in existence during 92-93.

Georgia Deaf-Blind Project--AASD and Richmond County
EPIC--AASD, Cobb, Troup/LaGrange and Bibb Counties

Recommendations were made to look at the following sites for 93-94:

Dougherty, Mitchell, Grady
Walker, Chattooga, Floyd

In choosing the sites the following factors need to be looked at:

- ages of students
- numbers of students
- interest of teachers
- interest of system
- 0-2 population
- willingness to work across county lines

The mentor training program was then discussed. The purpose of the program is to train teachers to work effectively with students who are Deaf-Blind. Experienced teachers would assist other teachers in their efforts to work with students who are Deaf-Blind. Karen Goehl of the Indiana Mentor Teacher Training Model came to Georgia to share their experiences with the staff. A consultant has been hired to do some of the work to get the mentor program started.

The Deaf-Blind project is working with TRACES to accomplish some of the goals of the mentor project. Further discussion of this objective (Mentor Training Program) will take place at the December meeting.

Interviewing is currently going on for the school-age coordinator to be appointed by October 1, 1993.

The Advisory Committee members were given the following assignments to consider:

1. What are products-resources that need to be developed to have available from the Deaf-Blind project and EPIC project?
2. Review the flyer and call Wes Boyd with any recommendations within the next week.

We then discussed any other related issues that we need to discuss at future meetings:

1. Identification of students who are Deaf-Blind in regions of the state where currently none are identified.
2. Look at the area of behavior management and see how we can better address this area for teachers of students who are Deaf-Blind.
3. Look at the area of communication and see how we can better address this area for teachers of students who are Deaf-Blind.
4. Dissemination of information about the various rare syndromes.
5. Side effects of medication.
6. Identification of 0-2 in the rural areas of the state (discussion of health fairs). Paula Forney will get a list of the Early Intervention teams that are established around the state.
7. Information to the medical community about Deaf-Blind.

Deaf-Blind Advisory Committee Meeting Minutes
of September 14, 1993
Page 4

Toni Waylor-Bowen shared a copy of the Deaf-Blind Perspectives with the members. She also discussed the D-B Link.

The next meeting will be at AASD on December 14, 1993, at 10:00 a.m.

Respectfully submitted,

Marlene Bryar, Secretary

Kathy Heller, Chair

**Georgia Deaf-Blind Advisory Committee
Minutes of
December 14, 1993 Meeting
Held at Atlanta Area School for the Deaf**

Present: Marlene Bryar, Wes Boyd, Phyllis Cole, Ruth Funderburg, Patricia Ford, Paula Forney, Steven Ware, Pat Bogus, Gail Meachem, Toni Waylor-Bowen, Charlene Frick, Kathy Heller, Mike Elliott, Dick Hyer, Cynthia Ashby, Tommie Goins, Stevie Dirst, Susan Lanciers, Anita Hardy, Linda Compton, Tom Dennis, Doug McJannet

Kathy welcomed all members. All members introduced themselves.

Wes presented an appreciation award to Stevie Dirst for her role with the Deaf-Blind Advisory Committee.

The minutes from the last meeting were adopted as presented.

Kathy discussed the demonstration sites and the need to determine two additional sites. We currently have a demonstration site at Richmond County. Pat discussed the visitation to Grady County, Dougherty County and Mitchell County (southwest section of the state). Toni Waylor-Bowen discussed the makeup of the sites and the consultant, Donna Williams, who will be working with Dougherty, Grady and Mitchell Counties. Donna has had a great deal of experience in working with deaf-blind. In addition to this site, we need to look at another site.

EPIC is working in the Metro area in Cobb County and AASD. Discussion continued on whether the next EPIC site should be in the Northwest section of the state -- Chattooga, Walker, Catoosa, and Floyd Counties. The suggestion was given to look at where other projects in the state, such as the Georgia Bureau of Severe Disabilities and other grants (i.e., Project SETS) have been working. Toni discussed the follow through with the Richmond County project. The committee would like to get a report of the activities in Richmond this year to see if the impact of the project continued after the project was completed. Dick Hyer suggested that systems involved in these projects might make some presentation at SEAC, CEC, etc. Paula Forney suggested that we look at the Northeast section of the state. Anita Hardy felt we should look at the small numbers of students identified in the rural sections of the state. Stevie suggested that we consider putting an article in the GLRS newsletter on deaf-blind.

Pat gave a brief description of the mentor program. A needs assessment was mailed to teachers identified with deaf-blind students to determine the areas of need for information and technical assistance. A copy of the survey was shared with the committee. The response has not been very good, so they are considering sending another survey to remind teachers to reply.

A needs assessment was also mailed to the special education directors. A good response was received. The directors indicated a major need for assistance in locating and procuring adaptive materials and equipment.

The staff is beginning to make plans for a summer institute. At the present, they are planning to concentrate on two areas of identified need for training. In order to become mentors, it is hoped that many of the teachers involved in the institute will continue during upcoming summers. The staff would like to interface with other projects to insure that the teachers have some basic skills prior to coming to the institute. The committee discussed location possibilities of the location for the institute such as the Radisson Hotel in Dunwoody, TimberRidge, Simpsonwood and Camp

Will-O-Way. Doug discussed his willingness to provide some training in mobility and instruction at the institute.

Wes received some comments on the flyer distributed at the last meeting. He has come upon a problem at the department regarding the printing of the flyer, but he hopes to have the flyer completed by the next meeting.

Kathy asked for input from the committee on products and resources that need to be developed. The following are some of the suggestions:

1. Low Vision Devices, Kits and Equipment

The agencies and organizations listed might be used as resources for securing these devices:

Georgia State University
Georgia Project Assistive Technology
Georgia Academy for the Blind
Tools for Life
Center for Rehabilitation Technology
Georgia Pines
VA Hospital
Scottish Rite and Egleston Hospitals
Georgia Center for the Multihandicapped
American Federation for the Blind (AFB)
Georgia Learning Resources System

Phyllis Cole suggested we look at the Georgia Transition Manual for a listing of resources.

2. Orientation and Mobility (O&M) Services

Susan Lanciers through the deaf-blind project may provide some technical assistance on O&M.

3. Consultant List

Experts who would be willing to assist local school systems with particular needs.

4. Resources on calendar skills

-- Stremel, Van Dyke, etc.

5. Behavior Management Training

This will be addressed in mentor training.

6. Co-signing, language development

Mentor training

Ruth indicated that we need to tap into some of the activities and organizations, such as Helen Keller, that are currently involved.

The committee indicated a need for these groups (AFB, Helen Keller, TRACES) to come to the next scheduled meeting - February 8, 1994.

The meeting will run longer in order to accommodate this request. The meeting will go from 9:30 a.m. to 12:30 p.m.

Paula shared a listing of the Early Intervention Coordinators who are responsible for Part H in the 19 health districts in the state. She also shared a listing of the chairpersons of the Interagency Coordinating Councils throughout the state. Discussion centered around sharing information with these councils about infants who may be deaf-blind.

Stevie felt that a listing for the deaf-blind in the HELP book done by United Way would be helpful. Pat suggested that a listing for the deaf-blind project be included in the yellow pages where parents may call and hear a recording on deaf-blind. A discussion pursued on how helpful parents are in working with other parents regarding deaf-blind. Parents feel comfortable talking to other parents about their child's needs.

Kathy went over the highlights and accomplishments of the meeting. Kathy asked for areas we may want to discuss for the next meeting, i.e., literacy for the deaf-blind population. The committee agreed this issue needs to be studied.

We shared that the continuation grant application has arrived and is due on February 4, 1994. According to OSEP, the deaf-blind grant is healthy and the project should ask for more money. More discussion will take place on the grant at the next meeting.

The next meeting will be at Georgia Sensory Rehabilitation Center on February 8, 1994, from 9:30 a.m. - 12:30 p.m.

Advisory Committee to the Georgia Deaf-Blind Project

Advisory Committee

Paul Alberto
Cynthia Ashby
Toni Waylor-Bowen
Merlene Bryer
Phyllis Cole
Ron Cyphers
Tom Dennis
Stephanie Dirst
Mike Elliott
Tommie Goins
Richard Hyer
Heather McCabe
Gladys Reeves
Toni Shackelford

Project Staff

Wesley D. Boyd
Julia Forney
Charlene Frick
Ruth Funderburg
Kathryn Heller
Sarah Moore

To: Ms. Stephanie Dirst, Director

From: Stephanie Dirst

Date: February 2, 1993

Re: Meeting

Advisory Committee to the Georgia Deaf/Blind Project
10:00 a.m. - 12:00 Noon
Atlanta Area School for the Deaf
February 16, 1993

The next meeting of the Deaf-Blind Committee is scheduled for February 16 from 10 a.m. until 12 Noon at AASD. Enclosed are the minutes of the December meeting. If you have any concerns that you would like to have included on the agenda or if you will not be present, please let Wesley Boyd know at 656-2540. We look forward to seeing you at the next meeting.

SD:ebd
Enclosure

BEST COPY AVAILABLE

DEAF-BLIND ADVISORY COMMITTEE MEETING MINUTES
April 21, 1992

Members Present

Cynthia Ashby
Marlene Bryar
Phyllis Cole
Tom Dennis
Stephanie Dirst
Kathy Heller
Richard Hyer
Toni Shackelford

Staff Present

Wesley Boyd
Paula Forney
Ruth Funderburg
Sarah Moore

Members Absent

Paul Alberto
Ron Cyphers
Mike Elliot
Tommie Goins
Gerda Groff
Heather McCabe
Gladys Reeves

Visitors

Dennis Fennell
Janet Erikson

The Georgia Deaf/Blind Advisory Committee meeting was held April 21, 1992, at the Atlanta Area School for the Deaf.

There was a minute of silent meditation after Stephanie Dirst announced that Larry Thorne died last night.

Wesley Boyd reported results of a survey conducted to identify immediate and future needs among the deaf/blind population. There were 23 responses to the 25 surveys sent to parents and service providers, a 92% response rate. The survey showed the following needs:

In the birth to three year old category, the immediate needs were identified as training and service coordination seeking to improve diagnosis and evaluation and develop programs which effectively address sensory loss.

In the three to five year old group, primary needs were identified as parental information and involvement and proven practices.

The six through 21 year old category reflected continuing needs such as transdisciplinary evaluation, parental involvement and program development.

The survey results seemed quite consistent across each age group in identifying better ways to communicate with children with deaf-blindness as a strong and immediate need.

The Deaf/Blind Services meeting held March 21-25, 1992, in Washington, D.C. was reported on by those on the committee who attended. This was the first meeting since 1978 and was attended by about 650. Speakers included Barbara Bush, Sen. Edward Kennedy, Joe Kennedy, Major Owen, and Robert Davila. Sessions were very profitable and the consensus was that the meeting was excellent. A large group from Georgia attended but no parents nor deaf/blind persons. The advisory committee concurred that parents should attend future conferences, and Kathy Heller indicated TRACES could assist with the funding of parent attendance. It was also agreed that Tommie Goins should attend. (Tommie was not here today because we could not locate an interpreter.) There was some discussion, but no decision, about offering to host the next conference in Atlanta.

Paula Forney noted that a two-day bicultural education conference will be sponsored Jan/Feb 1993 by Teri Stewart of UGA.

The RFP and grant application for the next project year are on the way. The application is due May 22. The project period is three years. In FY90 and FY91 Georgia got \$192,000. In FY93 we received \$194,000. The formula for Georgia is \$179,000. The State Board item indicated this grant application will be for not more than \$220,000.

Georgia will also be applying to be one of about seven pilot projects, at GSU, on communication and community-based instruction. A goal is to establish demonstration sites.

Helen Keller week is June 21-27. Sarah Moore volunteered to ask the department's Publications and Information Division to send to the 250 radio stations in Georgia the PSAs provided by Ron Cyphers.

Stephanie Dirst announced the Kiwanis Institute on Deafness May 21-22 is an excellent opportunity to learn ASL, regardless of one's signing ability level.

New business included Ruth Funderburg's indication she has met the parent of a three-year-old deaf/blind child whom she'd like to recommend as a member of the advisory committee.

There was extensive discussion of the need for trained teachers of the visually impaired and for staff development for current teachers. Kathy Heller explained the goal to add Vision Impaired as one of the fields in the Severe department at GSU.

The meeting adjourned at 12:02.

Respectfully submitted,

Sarah Moore
Sarah Moore

Georgia Deaf-Blind Advisory Committee
Minutes of
February 8, 1994 Meeting
Held at Georgia Sensory Rehabilitation Center

Members Present: Cynthia Ashby, Marlene Bryar, Janet Bowdin,
Toni Waylor-Bowen, Phyllis Cole, Tom Dennis,
Patricia Ford, Charlene Frick, Tommie Goins,
Kathy Heller, Diane Wormsley

Members Absent: Ron Cyphers, Stephanie Dirst, Michael
Elliott, Anita Hardy, Richard Hyer,
H. Loring Kirk, Heather McCabe, Doug
McJannet, Gail Meacham, Heidi Peaster, Toni
Shackelford, Steven Ware

Staff Present: Patricia Bogus, Paula Forney, Ruth
Funderburg, Rae Ann Redman, Sam Scott

The following changes within the Georgia Department of Education were shared with the committee. Effective January 1994, Mr. Sam Scott is the Director for the Division of State Schools and Equity and Ms. Rae Ann Redman is the Associate Director. Ms. Redman is also the Director of the Georgia Deaf-Blind Project. Mr. Wes Boyd is Director, Division of Interagency Collaboration and Ms. Sarah Moore is Director, Division of Personnel Services. Each committee member introduced themselves to Mr. Scott and Ms. Redman.

The minutes of the last meeting were adopted.

Diane Wormsley shared information on the American Foundation for the Blind (AFB) and the Deaf-Blind Project. The Deaf-Blind Project is a sixteen partner national consortium. The project was established to develop self-study and in-service training materials. The curriculum entitled "Hand in Hand" has been developed and is currently being modified. When the curriculum is available we need to make this available to local school systems for teachers of deaf-blind.

Steve Sleiger of the Georgia Sensory Rehabilitation Center (GSRC) addressed the group regarding role and function of the Center. GSRC is a comprehensive community rehabilitation program with a statewide service delivery area. The GSRC serves approximately 200 people a year. Steve discussed the Helen Keller National Center and its' mandate to provide technical assistance and to develop a network of affiliates around the country. In becoming an affiliate you are eligible to receive funds for providing

Minutes
February 8, 1994
Page 2

certain services. GSRC wants to become a national affiliate to begin to provide services to deaf-blind. GSRC will have a counselor that serves deaf-blind by assisting the field counselors in identifying persons who are deaf-blind and hooking them up with the needed services. Also, this counselor would help bring in people to provide training which could be funded through the Helen Keller National Center. The committee agreed to support this request and will provide a letter of support. Steve also requested members on the committee to write letters of support.

Toni Waylor-Bowen shared information regarding TRACES, a federally funded project designed to provide technical assistance to states or consortium of states with services for deaf-blind. TRACES provides formal and informal assistance.

Staff of the deaf-blind project shared the following information.

Ruth Funderburg

Census--Currently there are 63 deaf-blind babies out of the 161 served in the Insite program with 100 parent advisors. Public Awareness activities--Speaking to different agencies and at different workshops. A brochure is in the process of being developed.

25 parent advisors will be trained in INSIGHT.

VIISA training completed.

Planning upcoming summer institutes for teachers of the visually impaired.

Working on starting an alternative program with Grady Clinic.

Ordering books and materials for the lending library.

Functional vision assessments.

Paula Forney

Worked on procedures for notifying LSSs and early intervention coordinators of referrals to the project.

Served on local interagency coordinating councils.

Therapy consultants are currently serving 34 children.

Met with personnel at the Grady Clinic to look at serving inner city kids with deaf-blindness at Grady.

Contacted hospitals around the state to exchange information about kids with deaf-blindness.

Trained 8 physical and occupational therapists on how to work with families on adapting materials in the home, etc.

Plan on training an additional 10-12 therapists this summer.

Spoke to a North Georgia College class of physical therapists.

Assisted parents in attending additional training sessions.

Minutes
February 8, 1994
Page 3

Pat Bogus

Mentor Program - Activities are proceeding on the implementation of this program. The training will take place at Simpsonwood in Norcross on July 18-22, 1994. Three consultants will be presenting-Karen Goehl on mentoring; Kathleen Stremel on communication; Paul Alberto on behavior management. There will be follow-up training for the teachers who participate during the year.

Model Site Program - Grady, Mitchell and Dougherty Counties will be the location of the model site program. Staff from these sites will receive training two days a month. Donna Williams from the University of Florida and Hazel Jones will do the training. TRACES and the deaf-blind grant provide the funding for the consultants.

Plan to develop a family needs assessment in the area of transition.

159 students with deaf-blindness are on the census.

Requests are being made from local school systems for technical assistance.

Kathy Heller

Kathy discussed the EPIC project focusing on a) an effective communication system, b) individualized strategies and adaptations to compensate for the disability, and c) effective community-based instruction programming. The four demonstration sites are Atlanta Area School for the Deaf, Cobb County, Troup County and Bibb County. There are 26 students in the project. Efforts are underway to develop a monograph on communication strategies for students who are deaf-blind.

Phyllis Cole shared a copy of the Transition Tracks which is a resource guide for transition services.

Ann Corn is coming to Georgia State University to discuss low vision devices.

The next meeting is May 10, 1994 from 10 a.m. to 12 Noon at Atlanta Area School for the Deaf.



Georgia Department of Education
Office of Special Services
Twin Towers East
Atlanta, Georgia 30334-5060

Werner Rogers
State Superintendent of Schools

(404) 656-2596 - FAX 651-9416

Bill Gambill
Associate State Superintendent

April 13, 1994

Dear Special Education Director:

Students with deaf-blindness present unique educational needs because of the low incidence, the limited training opportunities and the limited number of personnel working with this population. The Georgia Deaf-Blind Project, in conjunction with the Southeast Regional TRACES (Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments) Project is sponsoring a summer institute for teachers serving students with deaf-blindness.

The purpose of the institute is to provide teachers of students with deaf-blindness with instructional methodology specific to this population. We need your assistance in identifying possible participants from your school system. Teachers recommended should meet the following criteria: (a) hold a special education degree, (b) currently serve a student(s) with deaf-blindness and (c) agree to implement functional instructional strategies for students with deaf-blindness in the local school system. It is hoped in the future these teachers will be candidates for providing technical assistance to or mentoring for other teachers in their region of the state. Information regarding mentoring will be shared with teachers during the institute.

The institute will be held at Simpsonwood Conference Center, Norcross, Georgia, on July 18-22, 1994. Travel and subsistence will be paid for by the Georgia Deaf-Blind Project and TRACES. A tentative agenda and announcement are enclosed. If you would like to recommend a teacher for the summer institute please return the enclosed nomination form by April 29, 1994, to:

Ms. Patricia Bogus
School-Age Transition Coordinator
Georgia Deaf-Blind Project
1854 Twin Towers East
Atlanta, Georgia 30334-5060

If further information is needed regarding the summer institute please contact Ms. Bogus at 404-656-2410.

Sincerely,

Sam Scott, Director
Division of State Schools and Equity

SS:dm

Enclosures

cc: Mr. Bill Gambill
Dr. Joan A. Jordan
GLRS Directors

300

An Equal Opportunity Employer

SUMMER INSTITUTE FOR TEACHERS OF STUDENTS WITH DEAF-BLINDNESS

July 18-22, 1994

N O M I N A T I O N F O R M

Name of Teacher _____

School Name and Address _____

Work Phone _____

Home Address _____

Home Phone _____

Special Education Director's Signature

Local School System

Date

Submit by April 29, 1994 to:

Ms. Patricia Bogus
School-Age Transition Coordinator
Georgia Deaf-Blind Project
1854 Twin Towers East
Atlanta, Georgia 30334-5060

ANNOUNCEMENT

WHAT: Summer Institute for teachers of students with deaf-blindness

WHEN: July 18-22, 1994

WHERE: Simpsonwood Conference and Retreat Center
4511 Jones Bridge Circle, NW
Norcross, Georgia 30092

SPONSORED BY: The Georgia Deaf-Blind Project and the Southeast Regional TRACES (Teaching Research Assistance to Children & Youth Experiencing Sensory Impairments) Project.

**INSTITUTION
CONTENT:** The July, 1994 summer institute is designed to train teachers who currently provide services to students with deaf-blindness. The participants will receive information on vision and hearing, communication, orientation and mobility, best educational practices, family issues, behavior management and collaborative consultation strategies specific to individuals with deaf-blindness.

INSTRUCTORS: Karen S. Goehl, Director
Indiana Deaf-Blind Project
Indiana State University

Kathleen Stremel, Director
Mississippi Statewide Services for Individuals who are Deaf-Blind
University of Southern Mississippi

Paul Alberto, Professor
Georgia State University
Department of Special Education

MATERIALS: Training manuals will be provided on day one for each participant.

EXPENSES: Travel and subsistence will be paid for through the Georgia Deaf-Blind Project and TRACES.

SUMMER INSTITUTE FOR TEACHERS OF STUDENTS WITH DEAF-BLINDNESS

Simpsonwood Conference Center
Norcross, Georgia

Tentative Agenda

July 18-22, 1994

- Monday - July 18, 1994 - Karen Goehl - Sessions I-IV
- Tuesday - July 19, 1994 - Kathleen Stremel - Sessions V-VIII
(Hearing and Vision and Orientation
and Mobility)
- Wednesday - July 20, 1994 - Kathleen Stremel - Sessions IX-XII
(Communication Skills and Family Issues)
- Thursday - July 21, 1994 - Kathleen Stremel - Sessions XIII-XVI
(Best Practices and Strategies)
- Friday - July 22, 1994 - Paul Alberto - Sessions XVII-XX
(Behavior Management)/Evaluation

The schedule will be from 8 a.m. - 5 p.m., Monday-Friday with lunch and breaks built into the daily program. Please keep in mind this is a tentative agenda, subject to change. Session topics will be outlined in greater detail as we move closer to our scheduled dates.

Georgia Deaf-Blind Advisory Committee
Minutes of
May 10, 1994 Meeting
Held at Atlanta Area School for the Deaf

Members Present: Cynthia Ashby, Marlene Bryar, Janet Bowdin, Toni Waylor-Bowen, Stevie Dirst, Pat Ford, Bob Green, Kathy Heller, Richard Hyer, Doug McJannet, Toni Shackelford, Steven Ware, Monika Werner, Diane Wormsley.

Members Absent: Phyllis Cole, Ron Cyphers, Tom Dennis, Michael Elliott, Tommie Goins, Anita Hardy, H. Loring Kirk, Heather McCabe, Gail Meacham, Heidi Peaster.

Staff Present: Patricia Bogus, Ruth Funderburg, Rae Ann Redman.

The minutes of the last meeting were adopted.

Kathy Heller, Chairperson, relayed a thank you from Wes Boyd for the gift the advisory committee gave him for his service to the Deaf-Blind Project.

Pat Bogus gave an update of the Deaf-Blind project.

1. Summer Institute

The institute is scheduled to be held July 18-22, 1994, at Simpsonwood. Four teachers have submitted signed nomination forms and additional teachers have indicated an interest in attending but have not submitted the necessary form. The committee recommended that the letter be mailed to the remaining special education directors who did not receive the first mailing. They also wanted the letter mailed to teachers who are on the Bureau mailing list, teachers of the visually impaired, teachers of the hearing impaired and teachers who are working with Project EPIC.

Pat will proceed with securing staff development credit for the teachers who are attending the institute. This should be done immediately.

It was decided that this institute should be limited to teachers and not include paraprofessionals.

Pat will work with Simpsonwood on negotiating the deadline date for the project to submit additional payment for using the facility.

2. Brochure

A copy of the brochure was shared with the committee. After reviewing the brochure any comments should be sent back to Pat by Friday, May 13, 1994. The FAX number is 404-651-9416.

3. Currently there are 219 students on the Census, ages birth through 21, 28 students are ages 0-3; 58 students ages 3-5; and 133 students ages 6-21.

Monika Werner asked if information regarding the students who transition from school is shared with the Helen Keller Center so that they can be tracked for adult services. The issue of confidentiality was discussed. The Sensory Center for Rehabilitation Services (SCRS) wants to be involved with these students. Bob Green at SCRS is working with adults with deaf-blindness. The Helen Keller staff and the Deaf-Blind project staff should meet to determine the process of transitioning students from the school-age registry to the adult registry maintained by Helen Keller.

Kathy Heller gave an update on Project EPIC. Project EPIC is currently working with students at AASD, Troup County Schools, and Bibb County Schools. They are looking for a new site for the 1994-95 school year and will make the selection in the fall of 1994. In Cobb County, the teachers trained by Project EPIC during the 1992-93 school year left the system, so during this school year they had to retrain some teachers. There are two mentor teachers at AASD and one teacher in Troup County who is interested in mentoring. The data shows improvement in teacher skills and students are doing well. They will be developing a monograph possibly on communication skills.

*student
changes
teacher
as well*

Diane Wormsley recommended the project staff contact the United Way Helpline and have the project included in their directory. Staff should pursue this recommendation.

Advisory committee members were reminded to complete the membership information sheet and return to Pat Bogus. It was recommended that consideration be given to adding a special education director and someone from the Usher Syndrome Association to the advisory committee.

Discussion took place regarding the number of advisory committee meetings that should be held in each year. It was decided to hold a minimum of two advisory meetings and to call additional meetings if the need arose.

At the fall meeting the committee will review the existing resource list (consultants, etc.) in order to make any necessary changes, additions, etc.

Kathy reminded the committee to be thinking about activities that need to be included in the FY 96 grant proposal. We will discuss this issue at the fall meeting.

Doug McJannet shared with the committee the Walk-Mate which is an electronic travel aide. This device costs approximately \$200.

The meeting was adjourned.

Georgia Deaf-Blind Advisory Committee
Minutes of
October 4, 1994
Held at Atlanta Area School for the Deaf

Members Present: Janet Bowdin, Susan Brooks, Marlene Bryar, Phyllis Cole, Stephanie Dirst, Bob Greene, Richard Hyer, H. Loring Kirk, Gail Meacham, Toni Shackelford.

Members Absent: Toni Waylor-Bowen, Tom Dennis, Patricia Ford, Tommie Goins, Anita Hardy, Heidi Peaster, Steven Ware, Diane Wormsley.

Staff Present: Rae Ann Redman, Ruth Funderburg, Kathy Heller, Doug McJannet, Sam Scott.

The minutes of the last meeting were adopted.

Kathy Heller updated the committee on the activities of the deaf-blind project.

1. The summer institute was held at Simpsonwood Center with teachers of the visually impaired, hearing impaired, severely intellectually disabled, and deaf-blind attending. Communication, behavior management and mentoring were the topics covered at the institute. Positive feedback was received from the participants. On-site visits are being made to participants and their classrooms.
2. The deaf-blind census has been put on a data base. There have been 257 students identified. In the future visits will be made to classrooms of the students on the census.
3. The preschool/visual impairment institute was held at the Georgia Academy for the Blind. Twenty-five teachers attended. The participants received instruction in functional vision assessment.
4. Training of parent advisers continues to be a need because of attrition. The project trained 18 parent advisers last summer. Between 40-60 deaf-blind children are receiving services from the project.
5. The United States Department of Education approved \$40,000 in FY 94 of carry-over funds to purchase equipment as well as professional references; i.e., books, tapes, videos for the loaner bank. The inventory of the loaner bank will be shared with the advisory committee at the next meeting. Georgia State University and the deaf-blind project are combining efforts to increase the availability of materials and equipment which may be accessed by consumers. Efforts should be made to coordinate with Georgia Project for Assistive Technology, Tools for Life, LEA Resource Center, Center for the Visually Impaired, etc. to reduce duplication. Kim, Marie, Doug and Ruth need to develop a clarification of what material is available and to whom the materials are

available. Stevie Dirst asked about criteria for the selection of equipment for the loaner bank. Dick Hyer asked for a general description of what type of equipment is available at different projects and who can access this equipment.

6. Project EPIC is working at AASD, Troup, Bibb, Cobb and Catoosa Counties. The purpose of the project is to expand student's existing form of communication to other more useful and functional systems. A line of research is coming from the project. At the completion of the project the staff will have worked in five sites with approximately five mentor teacher/parents.
7. Activities for the deaf-blind project for students ages 3-21 have been subcontracted to Georgia State University. Doug McJannet has been hired as the educational technical assistance coordinator. Kathy shared a copy of the organizational chart of the deaf-blind project and discussed the organizational structure for the remaining of this fiscal year as well as for the next grant cycle. Currently the staff is working on developing the 1995-99 grant. The structure for the grant is to provide technical assistance and not direct service.

Toni Waylor-Bowen will serve as the chairperson of the advisory committee for the deaf-blind project.

Kathy shared a handout which spelled out the objectives and activities of the 95-99 grant. Also a deaf-blind technical assistance advisor program chart was given to the committee. The following advisers with technical assistance targets and technical assistance focus were discussed: educational, specialized education advisers through pilot project, early intervention/parent, therapy and family advisers.

Georgia State is developing a pilot project, Project STARS (specialized technical assistance reaching students with deaf-blindness) which will be submitted to OSEP for funding. If funded, the project will work in five demonstration sites.

The advisory committee should forward input to Kathy Heller regarding the 95-99 grant and the pilot project by October 24, 1994. Letters of support should also be developed and submitted to Kathy for the pilot project and the deaf-blind project by October 24, 1994.

The next meeting will be held January 17, 1995, 10 a.m. at Atlanta Area School for the Deaf.



Georgia Department of Education
Office of Special Services
Twin Towers East
Atlanta, Georgia 30334-5060
(404) 656-2410 - FAX (404) 651-9416
January 6, 1995

Werner Rogers
State Superintendent of Schools

Bill Gambill
Associate State Superintendent

Dear Advisory Council Member:

Hello! As you may know, the Georgia Deaf-Blind Grant has recently started the last year of the 1992-1995 grant period, and a grant proposal has been submitted for 1995-1999. This means that the new year is a time of transition from one grant period to another and transition of ideas about where we as a group have been and where we should go in the future.

To help us in this transition, our next advisory council meeting will be conducted as a MAPs (Making Action Plans) session. MAPs, developed by Jack Pearpoint and Marsha Forest, are tools which were designed to help individuals with disabilities and their families determine where they wish to move in the future and how to do so effectively and creatively. However, this process has also been used with organizations and groups, such as our Advisory Council. During the MAPs session, we will discuss the many aspects of our council, its history, the dreams of the group, the nightmares, the members of the group, their strengths and talents (both individually and as a whole), plans of actions based on dreams and nightmares, and what additional resources the group may need to make the dreams a reality and avoid the nightmares.

This MAPs session will be conducted within the regular two-hour meeting period. Within this session, each person on the council will be asked for input. This is important, because each person has something to contribute to the future of the group. So that we may cover all aspects of the group and MAPs, please read the enclosed information and consider some of your responses. But please, do not come with all of your answers pre-planned! This is meant to be a very free-flowing process where each person is heard. You may find others share your feelings, or you may change some opinions you previously held.

Enclosed is a copy of the minutes from the last meeting. Please note, the next meeting date has been changed from January 17 to **January 24, 1995** at the Atlanta Area School for the Deaf at 10 a.m. This can be a very exciting time to be on the Advisory Council. We know our past and can look toward the future. Please come and be a part of this process!

Sincerely,

Rae Ann Redman, Associate Director
Division of State Schools and Equity

RAR:sm
Enclosures

MAPS (Making Action Plans)

MAPs are tools designed to help individuals, families, and organizations, determine how to move into the future effectively and creatively (Falvey, Forest, Pearpoint and Rosenberg, 1994). This process facilitates the gathering of information about the person or group, assists in the identification of dreams and fears, and focuses on the strengths of those involved so that the dreams occur and the nightmares are avoided. MAPs involves everyone in the group, and provides a format for decision making in and about the future (Falvey et al., 1994).

There are eight key questions which will be presented during the MAPs session. These questions are listed below, along with some explanation and questions for further thought. It will be important that each person have input into each question. Not all input may be positive in tone. However, all input will be important to the process, and the decision making in the future. Each person has his or her own ideas and opinions, and everyone will be heard.

Question #1: What is a MAP?

Toni Waylor Bowen will be the facilitator for this MAPs session. She will explain the MAPs process, and will answer any questions you may have about the process itself. But it may also be helpful to determine how and why maps are used in everyday life. By determining why maps are used, the group can realize the true purpose of this process.

Question #2: What is the group's history?

Although this will be time limited, a complete history of the group will be requested. Who were the original members? When did other members join the group and why? What was the original mission of the group? Has it changed? How? all of these questions help determine the group's past experiences, both positive and negative, and how that past might shape the future.

Question #3: What are the group's dreams?

The dream question is an important one in that it helps determine where to go in order to develop the future plan of action for the group. This question is the heart and soul of the MAPs process, and, as such, each member of the group will be asked to give their own dream ("It is my dream that this group..."). As members share their dreams, others in the group should take a nonjudgemental stance. As Forest, et al. (1994) state "We have learned that in the seed of all dreams is the essence of a person's real desire and what might eventually be feasible" (pg. 21).

Question #4: What are the group's nightmares?

The nightmare question is as important as the dream question. It is not meant to make the group feel uneasy, but is to determine what the group wishes to avoid. As with dreams, nightmares should be shared by each member of the group ("It would be a nightmare if the group..."). Again, others in the group should be nonjudgemental about individual nightmares. Through listening to and respecting nightmares along with dreams, the group will be able to develop a plan of action that will lead to future success.

Question #5: Who is the "group"?

In answering this question, each member of the group will not only tell who they are, but also what they bring to the group as a whole. Just as an individual is made up of many different attributes, the group has many different parts. Each part is unique and brings to the group a special outlook and perspective.

Question #6: What are the group's strengths?

The MAPs process is one that focuses on strengths, not weaknesses. Strengths within the group may include having and listening to consumers and their families, connections members may have with agencies which serve children with disabilities, individual talents of members, prior experience in the field, and/or contact with others in the field. In addition to listing strengths, it will be important to determine how to use those strengths to realize the dreams. What preliminary steps can be taken utilizing what the group already has?

Question #7: What does the group need?

While the group has many strengths, there may also be areas in which the group is lacking. What is needed to achieve the dreams and avoid the nightmares of the group? What "gaps" may exist in the group? When this question is answered, a list of resources of all types may be compiled. This information will help focus the future actions needed to realize the dreams through action plans.

Question #8: What is the plan of action?

Each participant will specifically be asked to identify some plan for achieving the dreams of the group. These plans will include both short term and long term objectives, and will focus the strengths of the group while utilizing the resources. This question can also be used on an on-going basis. As the group starts to move toward the dreams and away from the nightmares, new actions may be needed. It is through these continuous action plans that the group grows.

Georgia Deaf-Blind Advisory Committee
Minutes of
January 24, 1995
Held at Atlanta Area School for the Deaf

Members Present: Toni Waylor-Bowen, Janet Bowdin, Susan Brooks, Marlene Bryar, Tom Dennis, Stephanie Dirst, Bob Greene, Jelica Nuccio, Toni Shackelford, Cynthia Ashby

Staff Present: Paula Fourney, Ruth Funderburg, Kathy Heller, Doug McJannet, Rae Ann Redman, Sam Scott

The minutes of the last meeting were adopted.

Kathy Heller updated the committee on the activities of the deaf-blind project.

1. Technical assistance has been given to 40-50 sites throughout the state.
2. The brochures have been printed and disseminated. Members were given copies to share.
3. The proposals have been submitted to the Office of Special Education Programs for the deaf-blind project and the pilot project.
4. Project staff are working on the census. The request for the census information has been mailed to the local school systems. The census is due in Washington in March 1995.
5. Georgia was well represented at the project directors' meeting in Washington, D.C. in November 1994. Other states were very interested in the mentoring activities and the research in communication skills.
6. A week-end retreat will be held at Simpsonwood on February 3-4, 1995. Approximately 30 people have registered from Tennessee, South Carolina, Florida and Georgia. Friday evening will be a working session on communication with Saturday devoted to orientation and mobility (O&M).
7. Planning is underway for a three-week summer institute. Kathy will give additional information at a future meeting.
8. Kathy Heller has participated in training put on by the Perkins National Deaf-Blind Training Project.

Georgia will have the opportunity to participate in the upcoming training which will be held in Florida. We need to be thinking about who from Georgia should attend this training. Funding is available for 3-4 people to attend.

9. Paula Fourney indicated that training will be held for potential OTs/PTs who would like to provide services to students in the INSITE project. The training will be held at AASD on February 10-12, 1995. Thirteen to 15 people have registered.
10. Rae Ann Redman asked for volunteers for serving as chairperson of the advisory committee. Tom Dennis has agreed to serve as chairperson beginning with the next meeting.

For the remaining of the time, Toni Waylor-Bowen lead the committee through a Making Action Plans (MAPS) session. At our next meeting which will be held on March 14, 1995 at AASD, we will continue with this process and move into a PATHS session to develop a plan of action for the advisory committee.

Georgia Deaf-Blind Advisory Committee
Minutes of March 14, 1995
Atlanta Area School for the Deaf

Members Present: Toni Waylor-Bowen, Janet Bowdin, Susan Brooks, Tom Dennis, Stephanie Dirst, Bob Greene, Toni Shackleford, Cynthia Ashby

Staff Present: Paula Fourney, Ruth Funderberg, Kathy Heller, Doug McJannet, Rae Ann Redmen,

The minutes of the last meeting were adopted.

1. Tom Dennis assumed his position as chair person for the advisory committee. He scheduled meetings to be held at AASD on the following dates: 9/12/95, 12/12/95, 3/12/96
2. Dr. Heller updated the committee on the activities of the deaf-blind project with special attention given to the completion of the statewide census and concerns with regards to the reauthorization of IDEA. Copies of a letter members of the Deaf-Blind Coalition was distributed. Members and staff persons were encouraged to consider joining the coalition and to write letters to members of Congress.
3. Susan Brooks reinforced Kathy Heller's statements about the need to write these letters and knock on doors. She mentioned that she had copies of letters which could be used as guidelines for this purpose.
4. Stevie requested names of local political figures who could be contacted. She referred to Newt's committee and how they were attempting to redefine the term "disability".
5. Toni Bowen referred to the parents as having more at stake in the decisions to eliminate educational resources in deaf-blindness. She emphasized the need to make them aware of the situation and to gain their support.
6. Bob Greene spoke about the success of the three day deaf-blind conference held at Warm Springs. State employees and other professionals were invited to stay at this facility to share in a learning experience in deaf-blindness. (including the very popular deaf-blind lunch!) The featured speaker was McCay Vernonn who is world renowned for his work in deaf-blindness.
7. Doug McJannet discussed the success of the weekend retreat training program held at the Simpsonwood Center on February 3,4. Twenty-six teachers participated in the two day program focusing on augmentive communication and beginner level O & M skills. A follow-up session is planned for April 7,8, which will feature a presentation on Usher Syndrome plus a hands on experience in intermediate and advanced O & M skills.

8. Paula Forney discussed the training program which Georgia Pines provided to P.T.'s and O.T.'s.

9. Susan Brooks mentioned the Deaf-Blind Parent Group meeting and the one year anniversary of the consumer group now officially named The Georgia Association for the Deaf Blind.

10. Ruth Funderburg talked about the parent advisor workshop which was to be completed during the weekend. Sixty people have expressed interest in the summer program. June is deaf-blind awareness week!

10. Rae Ann Redmen presented flowers to Dr. Ruth Funderburg as she formally announced her plans to retire this year. Ruth served as the preschool program coordinator for the Georgia Pines program from deaf-blind project from - to - and will be missed by everyone. She is best recognized for her is known for her hard work and lasting contributions to deaf-blind education.

11. Toni Waylor Bowen provided a brief review of the MAPS session which she presented at the last meeting on Jan 24, 1995. Toni then continued with the next phase entitled PATH, otherwise known as Planning Alternatives Tomorrows with Hope.

DEAF-BLIND LENDING LIBRARY

DEAF BLIND LENDING LIBRARY

Books, Manuals, Monographs

Alexander, Rona, Ph.D., CCC-SP, Regi Boehme, OTR, and Barbara Cupps, PT(1993). Normal Development of Functional Motor Skills. (Subject: MOTOR; NORMAL DEVELOPMENT; INFANTS)

Amado, Angela Novack(1993). Friendships and Community Connections Between People With and Without Developmental Disabilities. (Subject: TRANSITION; COMMUNITY; DEVELOPMENTAL DISABILITIES)

American Foundation for the Blind(1974). A Step-by-Step Guide to Personal Management for Blind Persons. (Subject: VISION; PERSONAL MANAGEMENT)

American Printing House for the Blind(1994-95). Accessible Books for People Who Are Visually Impaired. (Subject: VISION; BOOKS)

American Red Cross(1985). Red Cross First Aid Module Respiratory and Circulatory Emergencies of Children. (Subject: MEDICAL; CPR; CHILDREN)

American Red Cross(1986). Red Cross First Aid Module Respiratory and Circulatory Emergencies of Adults. (Subject: MEDICAL; CPR; ADULTS)

Amerson, Marie-GA Academy for the Blind(1994). Georgia Textbook Inventory for Visually Impaired Students. (Subject: VISION; TEXTBOOK INVENTORY)

Ayers, Jean, Ph.D.(1979). Sensory Integration and the Child. (Subject: MOTOR; SENSORY INTEGRATION)

Azrialy, Barbara. The Sibling. (Subject: FAMILIES; DISABILITIES, SIBLINGS)

Bailey, Ian L. and Amanda Hall(1990). Visual Impairment. (Subject: VISION, MEDICAL)

Baker, Bruce and Alan Brightmen(1989). Steps to Independence. Subject: LIVING SKILLS; CHILDREN)

Baker, Margaret, OTR, Connie Banfield, PT, Denise Kilburn, PT, Kathy Shufflebarger, PT(1991). Controlling Movement: A Therapeutic Approach to Early Intervention. (Subject: MOTOR, THERAPY; EARLY INTERVENTION)

Barraga, Natalie, Barbara Dorward, and Peggy Ford. Aids for Teaching Basic concepts. (Subject: VISION; SENSORY DEVELOPMENT)

Barraga, Natalie and June Morris(1989). Program To Develop Efficiency in Visual Functioning. (Subject: VISION; VISUAL FUNCTIONING)

Barraga, Natalie and Jane Erin(1992) Visual Handicaps and Learning. (Subject: VISION; EDUCATION; CHILDREN)

Barret, Stephen, M.ED., Theresa S. Carp, B.A., and Angela M. Covert, Ed.D.(1987). Community Based Living Options For Young Adults With Deaf-Blindness. (Subject: DEAF/BLIND; ADULTS; TRANSITION)

Batshaw, Mark L., M.D., and Yvonne M. Perret, M.S.W.(1986). Children With Handicaps-A Medical Primer. (Subject: MEDICAL; CHILDREN)

Behrmann, Polly(1970). Activities for Developing Visual Perception. (Subject: VISION; VISUAL PERCEPTION)

Bender, Michael, Ed.D., Steve A. Brannan, Ed.D., and Peter J. Verhoven, Ph.D.(1984). Leisure Education for the Handicapped. (Subject: LEISURE; EDUCATION)

Best, Anthony(1992). Teaching Children With visual Impairment. (Subject: VISION; EDUCATION; CHILDREN)

Beukelman, David R. and Pat Miranda(1993). Augmentative and Alternative Communication. (Subject: COMMUNICATION; COMMUNICATION DISORDERS)

Blakely, Kim, Mary Ann Lang, and Roger Hart(1991). Getting In Touch With Play. (Subject: VISION; PLAY INTERACTION)

Bleck, Eugene, M.D. and Donald Nagel, M.D.(1975). Physically Handicapped Children: A Medical Atlas for Teachers. (Subject: MEDICAL, CHILDREN, PHYSICALLY DISABLED)

Blind Children Center(1993). First Steps: A Handbook for Teaching Young Children who Are Visually Impaired. (Subject: VISION; EDUCATION; CHILDREN)

Bly, Lois, M.A., PT(1994). Motor Skills Acquisition in the First Year. (Subject: MOTOR; NORMAL DEVELOPMENT; INFANTS)

Brennan, Mary(1982). Show Me How: A Manual for Parents of Preschool Visually Impaired and Blind Children (AFB Practice Report). (Subject: VISION; FAMILIES; PRESCHOOL)

Browder, Diane M.(1991). Assessment of Individuals With Severe Disabilities. (Subject: SEVERE DISABILITIES; ASSESSMENT)

Brown, Catherine Caldwell(1985). Play Interaction: The Role of Toys and Parental Involvement in Children's Development. (Subject: PLAY INTERACTION; FAMILIES; TOYS)

Brown, Fredda and Donna H. Lehr(1989). Persons With Profound Disabilities. (Subject: SEVERE DISABILITIES; ISSUES AND PRACTICES)

Brown, Wesley, S.Kenneth Thurman, and Lynda F. Pearl Family-Centered Early Intervention With Infants and Toddlers. (Subject: EARLY INTERVENTION; INFANTS AND TODDLERS)

Canadian National Institute for the Blind(1992). Functional Assessments for Work With the Deaf-Blind. (Subject: DEAF/BLIND; ASSESSMENT)

Canton, Hilda, Elanor Pester and Sharon Goldblatt(1979). Specifications for Selecting a vocabulary and Teaching Method for Beginning Braille Readers. (Subject: VISION; EDUCATION; BRAILLE)

Chalkley, Thomas, M.D.(1982). Your Eyes. (Subject: VISION, MEDICAL)

Chen, Deborah, Clare Taylor Friedman, and Gail Calvello(1990). Learning Together. (Subject: VISION; FAMILIES; INFANTS)

Click, Marilyn, M. Ed., CCC-SP and Joan Davis, RPT(1991). Moving Right Along. (Subject: MOTOR; THERAPY; CHILDREN)

Cole, Jack T. and Martha Cole(1983). Language Lessons for the Special Education. (Subject: LANGUAGE; SPECIAL CLASSROOM)

Coling, Marcia Cain, M.A.(1991). Developing Integrated Programs. (Subject: EARLY INTERVENTION; INTEGRATED PROGRAM)

Coner, Frances P., G. Gordon Williamson, and John M. Siepp(1983). Program Guide for Infants and Toddlers With Neuromotor and Other Developmental Disabilities. (Subject: MOTOR; EARLY INTERVENTION)

Covert, Angela M. and Bud Federicks(1987). Transition for Persons With Deaf-Blindness and Other Profound Handicaps. (Subject: TRANSITION,; COMMUNITY; DEAF-BLIND; SEVERE DISABILITIES)

Cratty, Bryant J. and James E. Buen(1972). Educational Games for Physically Handicapped. (Subject: MOTOR; EDUCATION GAMES)

Cress, Cynthia J. Pamela Mathy-Laikko, and Jennifer Angelo. Augmentative communication for Children With Deaf-Blindness. Guidelines for Decision-Making. (Subject: COMMUNICATION; DEAF/BLINDNESS; AUGMENTATIVE COMMUNICATION)

Crocker, Allen C., Herbert J. Cohen, and Theodore A. Kestner(1992). HIV Infection and Developmental Disabilities. (Subject: MEDICAL; HIV INFECTION; DEVELOPMENTAL DISABILITIES)

Cruikshank, William M., ED.(1976). Cerebral Palsy: A Developmental Disabilities. (Subject: MOTOR, CEREBRAL PALSY)

Cusick, Beverly ?D. M.S., PT(1990). Progressive Casting and Splinting for Lower Extremity Deformities. (Subject: CHILDREN; CASTING AND SPLINTING)

D'Eugenio, Diane B. and Martha S. Moersch(1981). Developmental Programming for Infants and Young Children: Preschool Assessment and Application. (Subject: ASSESSMENT; DEVELOPMENTAL; INFANTS; CHILDREN)

Davis, Joan, RPT and Marilyn Click, CCC-SP(1988). Just for Fun. (Subject: MOTOR; THERAPY; PLAY)

Dayan, Maurice, Beryl Harper, Julia S. Maloy, and Bryn T. Witt(1977). Communication for the Severely and Profoundly Handicapped. (Subject: COMMUNICATION; SEVERE DISABILITIES)

DeGangi, Georgia A, Ph.D.,OTR, IAOTA(1994). Documenting Sensorimotor Progress. (Subject: MOTOR; ASSESSMENT)

Diamant, Rachel B., M.S.(1992). Positioning for Play. (Subject: MOTOR; EARLY INTERVENTION; PLAY THERAPY)

Dirst, Stephanie, Peggy Corey, Avi Madan-Swain, Gloria Johnson, and Parthenia Hilard-Franks(1987). Workshop for Teachers and Paraprofessionals. (Subject: SEVERE DISABILITIES; EDUCATION)

Division of Rehabilitation(1990). Georgia Assistive Technology Program. (Subject: ASSISTIVE TECHNOLOGY; GEORGIA)

Dodson-Burk, Bonnie and Everett w. Hill(1989). An Orientation and Mobility: Primer for Families and Young Children. (Subject: VISION; FAMILIES; ORIENTATION AND MOBILITY)

Dominguez, Betty and Joe Dominguez(1991). Building Blocks: Foundations for Learning for Young Blind and Visually Impaired Children. (Subject: VISION; FAMILIES; PRESCHOOL)

Drehobl, Kathy Fleming, B.S., OTR and Mary Gengler Juhr, B.S. OTR/L(1991). Pediatric Massage For the Children With Special Needs Intervention. (Subject: MOTOR; THERAPY; EARLY INTERVENTION)

Edman, Polly K.(1992). Tactile Graphics. (Subject: VISION; EDUCATION; TACTILE GRAPHICS)

Ellison, Patricia H., M.D.(1994). The INFANIB. (Subject: MOTOR; ASSESSMENT; INFANTS)

Elman, Natalie Madorsky(1985). The Special Educator's Almanac. (Subject: EDUCATION; RESOURCE; SELF-CONTAINED)

Ensher, Gail L. and David Clark(1986). Newborn At Risk. (Subject: MEDICAL; INFANTS)

Erhardt, Rhoda Priest, M.S., OTR, IAOTA(1990). Developmental Visual Dysfunction: Model for Assessment and Management. (Subject: VISION; ASSESSMENT; VISUAL DYSFUNCTION)

Erin, Jane. Dimensions- Visually Impaired Persons With Multiple Disabilities. (Subject: VISION; MULTIPLE DISABILITIES)

Fabbro, Mario Dal(1975). How to Make Children's Furniture and Play Equipment. (Subject: MOTOR; CHILDREN'S FURNITURE AND PLAY EQUIPMENT)

Falvey, Mry A., Ph.D(1989). Community-Based Curriculum. (Subject: SEVERE DISABILITIES; CURRICULUM)

Farah, Martha J.(1990). Visual Agnosia: Disorders of Object Recognition and What They Tell Us About Normal Vision. (Subject: VISION; MEDICAL; AGNOSIA)

Ferrell, Kay Alice(1984). Parenting Preschoolers: Suggestions for Raising Young Blind and Visually Impaired Children. (Subject: VISION; FAMILIES; PRESCHOOL)

Ferris, Carren(1980). A Hug Just Isn't Enough. (Subject: HEARING; FAMILIES)

Fewell, Rebecca R. and Patricia F. Vadasy (eds) (1986). Families of Handicapped Children: Needs and Supports Across the Life-Span. (Subject: FAMILIES; DISABILITY)

Finnie, Nancie R., F.C.S.P.(1975). Handling the Young Cerebral Palsied Child at Home. (Subject: MOTOR; CEREBRAL PALSY; FAMILIES)

Florida School for the Deaf and Blind(1979). A Handbook for Teaching Prevocational Skills to Deaf-blind Students. (Subject: DEAF/BLIND; PREVOCATIONAL EDUCATION; CHILDREN)

Forecki, Marcia Calhoun(1985). Speak To Me. (Subject: HEARING; FAMILIES)

Forseth, Sonia Daleki, Ph.D.(1984). Creative Math/Art Activities for the Primary Grades. (Subject: CURRICULUM; MATH/ART)

Furuno, Setsu, Ph.D., Datherine A. O'Reilly, PT, MPH, Takayo T. Inatsula, OTR, Carol M. Hosaka, M.A. and Barbara Zeisloft Falbey, M.S., CCC-SP(1993). Helping Babies Learn. (Subject: MOTOR; EARLY INTERVENTION)

Gardner, James f., Michael s. Chapman, Gary Donaldson and Solomon G. Jacobson(1988). Toward Support Employment. (Subject: VOCATIONAL REHABILITATION; SUPPORTED EMPLOYMENT; SEVERE DISABILITIES)

Gaylord-Ross, Robert(1989). Integration Strategies for Students with Handicaps. (Subject: INCLUSION)

Geralis, Elaine(1991). Children with Cerebral Palsy: A Parent's Guide. (Subject: MOTOR; CEREBRAL PALSY; FAMILIES)

Georgia Learning Resources Network(1987). Alternative Strategies for the Problem Learner. (Subject: EDUCATION; ALTERNATIVE STRATEGIES; PROBLEM LEARNERS)

Georgia School for the Deaf(1988). Outreach '88- New Directions i Resources for Special Needs Hearing Impaired Students. (Subject: HEARING; EDUCATION)

Georgia State Department of Education(1978). Proceeding From the Inservice for Teachers of Deaf-Blind Children. (Subject: DEAF/BLIND; EDUCATION; CHILDREN)

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House Ear Institute. My Perfect Child is Deaf. (Subject: FAMILIES; HEARING IMPAIRED)

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Resource Networks, Inc. Lost Dreams and Growth. (Subject: FAMILIES; DISABLED CHILDREN)

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Ski Hi. Introduction to The Tactile Communication Series. (Subject: COMMUNICATION; TACTILE COMMUNICATION)

Ski Hi. Ski Hi Coactive Sign System. (Subject: COMMUNICATION; COACITVE SIGN LANGUAGE)

Ski Hi. Ski Hi Signals and Cues. (Subject: COMMUNICATION; SIGNAL AND CUES)

Texas School for the Blind. Power of the Heart: A Parents Involvement Story. (Subject: FAMILIES; DEAF/BLIND)

Tranchin, Rob. For A Deaf Son. (Subject: FAMILIES; HEARING IMPAIRED)

Tripod Films. Language Says It All. (Subject: LANGUAGE/COMMUNICATION; HEARING IMPAIRED)

Tripod Films. Once Upon A Time. (Subject: LANGUAGE/COMMUNICATION; HEARING IMPAIRED)

KITS

American Printing House for the Blind. Twist, Turn, and Learn. (Subject: FINE MOTOR; DEVELOPMENTAL MATERIALS)

American Printing House for the Blind. Hands On: Functional Acitivities for Visually Impaired Preschoolers. (Subect: FINE MOTOR; HANDS ON KITS)

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American Printing House for the Blind. Peag A Circle Set. (Subject: EDUCATIONAL MATERIALS)

American Printing House for the Blind. Textured Peg Set. (Subject: EDUCATIONAL MATERIALS)

American Printing House for the Blind. Shape Board. (Subject: EDUCATIONAL MATERIALS)

American Printing House for the Blind. Formboard With Removable Hands. (Subject: EDUCATIONL MATERIALS)

American Printing House for the Blind. Box of Blocks: Geometric Forms. (Subject: EDUCATIONAL MATERIALS)

EQUIPMENT

Small folding Therapy BEnch
Large Folding Therpy Bench
4" X 25" Bolster

6" X 40" Bolster
 8 1/2 X 43" Bolster
 Set of 2 Bolster Stands
 12" Fushia Ball
 16" Yellow Ball
 20" Clear Ball
 20" Orange Ball
 Small Corner Chair with Locking costers and tray
 Preschool Prone stonder
 Childs Prone Stonder
 Abductor for I06x104
 Kind chair(high) with tray
 Pelvic-femoial stailizer/K1-K2
 Teen Bean(4 1/2)
 Fitted Cotton Cover for TB-Staph Ck
 Kidney Bean(8")
 12" Inflatable Roll
 16" Inflatable Roll
 Piano
 Mirror
 Swing Bear
 Musical T.V.
 Rolling Chimes
 Air Popper
 Spider
 Aague feeding bottles(set of 6)
 Toothbrush trainer sets
 Shipping
 Roll (10in)
 Small Deluxe Floor Sitter
 Medium Deluxe Floor Sitter
 Tray for PC4542 (A&B)
 Biform wedge (4-6 in)
 Biform wedge (8-10 in)
 Strap wedge (4in)
 Strap wedge (6in)
 Strap wedge (8in)
 Roll (6in)
 Roll (8in)
 Floor Tray without seats for E71
 12" adjustale back toddler chair
 Tray without slabs for K37
 Pair of sandals (3"X7") for K37
 Small chest support vest
 Toddler chair backrest
 Back Pad for E766

Rocking Balance Board-E98
30" side-lying board E91
Trunk Support Block for E91
Pair of Web Straps for E91
Fleece-lined support harness for E91
30" bath chair K53
15" corner floor sitter
Back Pad for E71
Seat Pad for E71
Oblong abduction block
Fitted cotton cover for KB-Staph Ck
Baby Bean
Vinyl Liner for BB
Fitted Cotton Cover for BB (Colored)
Play Frame
Silly Willies (set of 3)
Wooly Worm
Wother Wagon (small)
Small Child Walker-4 wheels front Swivel
Pelvic Stabilizer, small
Wother Forearm support, small
Various adapted toys

EVALUATION OF GEORGIA DEAF-BLIND PROJECT

Therese Rafalowski Welch
489 Maplewood Lane
Webster, NY 14580
716-671-9777

November 20, 1995

Kathryn W. Heller
Coordinator
Georgia Deaf-Blind Project
Georgia State University
Department of Educational Psychology & Special Education
University Plaza
Atlanta, GA 30303-3083

Dear Kathy,

First I want to thank you for the work you did compiling the project's available data for 1992-1995. I recognize the difficulties you must have encountered because of the variety of changes in the project's personnel and location during that period. I appreciate your efforts in summarizing and organizing the data, as it has made my work examining the material considerably simpler.

Georgia Deaf-Blind Project 1992-1995
Summary

Objective 1

This objective appears to have been quite thoroughly addressed. I especially commend your activities to identify children in underrepresented counties and regions; your efforts were truly substantial. Too often this area is given only lipservice.

Objectives 2 & 3

These objectives also seem to have been very well addressed. The most notable aspects are the training of all parent advisors and therapy advisors and

the frequency of their home visits. The project's evaluation targets were comprehensive: documenting the implementation of recommendations, parents' satisfaction, advisors' performance, and possible child change. The return rate of parent evaluations, the level of knowledge gained in advisors' trainings, the implementation of recommendations, general satisfaction with services, and gains made by children are all impressive.

I very much like the three perspectives for evaluation of parent advisors and therapy advisors: self-evaluation, parent evaluation, and supervisor evaluation. Examination and comparison of these data must be very informative and helpful to individual advisors. I was pleased also to see the inclusion of the personalized questions in section III of the parent evaluation form. Evaluation of performance alone would not provide this essential information. (I am rather disconcerted by/uncomfortable with the question, "Helps me feel worthwhile." To me it seems inappropriate.) The parent advisors and therapy advisors should be commended for such high scores in this section.

There appears to have been very good use of the data from contact sheets used by the coordinators to document technical assistance to community service providers.

Suggestions regarding accessing other resources (2.4) and the resources loaner bank (2.3): Be sure to help make families aware of the services of D-B LINK and NFADB. It may be helpful also to track the types of materials requested and provide users with a brief evaluation form regarding how useful, understandable, etc. were the materials they received.

Objective 4

The obstacles faced in meeting this objective were noted. It was good to have the parent advisors and therapy advisors continue to assist this population until a school age/technical assistance coordinator was on staff.

Objective 5

Again there appears to have been a considerable rate of return for the needs survey and consistently high mean scores for knowledge gained in training programs. There were numerous positive comments about the various trainings provided and useful suggestions.

I was pleased to learn of Karen Goehl's consultation; Indiana's mentor training program seems to be a strong model for building local capacity for services. Will the educational advisors trained in Georgia eventually provide technical assistance as well?

I noticed examples of the TRACES Recommendation Summary Sheet included in the data. I have always found these and the general recommendations/implementation forms very useful. It was not clear to me what documentation your technical assistance providers may have left with instructors following site visits. Did instructors get copies of recommendations when technical assistance was delivered?

Objective 6

It appears that services were in place for the major transition periods, and there was good collaboration with existing resources, preventing unnecessary duplication of services.

Objective 7

Data collection for this objective could have included tracking technical assistance requests related to furthering inclusion and integration and documentation of related placement changes.

Objective 8

The project activities supported training and the provision of vital information for families. Parent empowerment efforts--assistance in development of parent support groups and leadership roles held by parents--were noted.

Again the listing of a specific link with NFADB was absent. I hope families are made aware of this organization and any parent support groups are linked with the national effort.

Objective 9

There appears to be a good network for resource linkages for all age groups.

Objective 10

The development and distribution of the project's public service announcement was outstanding. Notable too was the inclusion of equipment and toys in materials loaned to parents and service providers through the project's resource library.

Requests for information and materials from the resource library could be tracked and analyzed

Objective 11

Copies of meeting minutes indicate that the project advisory committee met three times annually.

Project EPIC 1992-1995 Summary

The project very successfully met its original objectives and complemented many of the activities of the Georgia Deaf-Blind Project. Many outcomes of the project are valuable for the field; I was glad to see there are numerous dissemination efforts.

Comments on data collection

I have included some minor comments under the specific objectives listed above. In general now because of the stabilization of the project for the new cycle, the compilation of data should be considerably simpler for you.

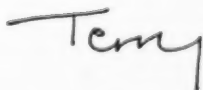
My personal rules of thumb for data collection is to make it as useful as possible and as simple as possible. You seem to already have some good measures in place. Perhaps your advisory committee could help you target and prioritize what you truly want to/need to know, and then you can design the most efficient way of collecting that information. As I mentioned above, I do like the TRACES recommendation/implementation form in particular. In addition to its most obvious use, the analysis of forms from technical assistance sites helped me identify general training needs and topics.

I do recommend collecting more feedback from parents and family members. These data, except for evaluations related to early intervention advisors, were noticeably lacking from the materials you had sent. (For example, there were no data from the parent workshops or evaluations of technical assistance delivered to families of older students. (This may be due to your overall collection "complications" this period.)

You also might want to find ways to link the larger training activities to implementation efforts of the participants--through simple action plans, follow-up phone interviews, site visits, etc.

Overall you should be quite proud of the project's breadth of services and accomplishments, especially in light of the personnel "complexities" experienced. I hope my review is helpful to you. Please call me if you have any questions.

Sincerely,



Therese Rafalowski Welch
Educational consultant